



*"People
helping people
help
themselves"*

Joseph E. Kernan, Governor
State of Indiana

Division of Disability, Aging, and Rehabilitative Services

402 W. WASHINGTON STREET, P.O.Box 7083
INDIANAPOLIS, IN 46207-7083

Cheryl G. Sullivan, Secretary

June 15, 2004

Dear representatives of the Legislative Council, Budget Committee and State Budget Agency:

The Indiana Family and Social Services Administration's Division of Disability, Aging and Rehabilitative Services respectfully submits the following report regarding the closure of Muscatatuck State Developmental Center in accordance with Senate Enrolled Act 217.

The report includes the following:

- Summary of a public hearing held on November 6, 2002.
- Summary of study on the effects that downsizing Muscatatuck State Developmental Center will have on the health and safety of residents and their families.
- Analysis of the types and availability of placements needed to adequately serve Muscatatuck State Developmental Center residents.
- Summary of study conducted on the economic impact of downsizing Muscatatuck State Developmental Center on the residents, their families, the facility's employees and the surrounding communities.
- Analysis of the environmental hazards that exist on the Muscatatuck State Developmental Center and a plan for the elimination of any identified hazards.
- Summary of study conducted on opportunities for the re-use of the Muscatatuck State Developmental Center property with a plan and timetable for re-using the property in a manner that achieves the best economic outcome.
- Plan and timetable for identifying and securing the appropriate placement of Muscatatuck State Developmental Center residents.
- Plan for communicating with residents, their families, employees and the community about the planning, resident placement and downsizing processes.
- Plan for monitoring compliance with the standards set to assure the health and safety of residents.

We are working toward a closure date of January 1, 2005. It is important to stress that the facility will not be closed until the agency has ensured that all of the current residents have been transitioned to safe and appropriate settings.

Should you want more information on any of the topics included in this report, please feel free to contact me at 317-232-1147.

Sincerely

Kristen Schunk
Interim Director

List of Attachments

A	Meeting Minutes from Monthly Family Meetings
B	Satisfaction Survey Results
C	Pre- and Post-Transition Surveys
D	Residential Services and Supports Survey Materials
E	Sentinel Incident Report
F	Comparative Analysis of Residents
G	Economic Impact Study
H	Property Study – Environmental Hazards and Re-Use Viability
I	Staff Downsizing Chart
J	Transition Report

Other Supporting Documentation Available in Hard Copy Format Upon Request

- Complete public meeting transcript and written testimony.
- Transition manual
- MRDD Commission reports

*To receive a paper copy of the above listed items, contact
Cathy Covey at ccovey@fssa.state.in.us or 317-232-1147*

Public Hearing Summary

IC 12-24-1-10 (b) The division shall conduct at least one (1) public hearing at a handicap accessible location the county where Muscatatuck State Developmental Center is located to obtain written and oral testimony from all persons interested in the effect that the center's downsizing would have on:

- (1) Muscatatuck State Developmental Center:*
 - (A) residents;*
 - (B) residents' families; and*
 - (C) employees; and*
- (2) Communities surrounding Muscatatuck State Developmental Center.*

In compliance with Senate Enrolled Act No. 217, the state held a public hearing regarding the closure of Muscatatuck State Developmental Center (MSDC) from 6 to 8:10 p.m. on November 6, 2002 at the Jennings County Public Library.

The following entities provided testimony at the meeting:

- Seven parents or family members gave oral testimony.
- Six MSDC staff members gave oral testimony.
- Twelve families submitted letters in support of the transition of individuals into the community.
- Three families submitted letters in opposition to the transition of individuals into the community.
- Three agencies that provide services and supports to individuals with developmental disabilities submitted letters in favor of individuals transitioning into the community.

Several themes were mentioned throughout the meeting, including:

1. *Concerns about the notification of hearing.*
 - Claim that there was not enough prior notification of the hearing, including concern that the hearing notice did not run in enough newspapers.

Note: The Division of Disabilities Aging and Rehabilitative Services (DDARS) legal counsel verified that the legal notice for the meeting complied with the Indiana Code 5-14-1.5-5 for public hearings. However, the agency acknowledges that families were provided limited advanced notice of the meeting. Following the hearing, MSDC transition staff began meeting monthly with family members to ensure open communication was maintained.

2. *Concerns about communication.*
 - Assertion that there has been a lack of communication about the closure process.
 - Expressed desire to be better informed overall.
 - Claim that the Jennings County Economic Development Commission needs information to effectively implement its strategic plan.

Note: The Family and Social Services Administration has taken numerous steps to establish open communication with residents, their families, employees and the community. Established communication mechanisms include monthly meetings with families, town hall meetings with employees, and regular newsletters for both families and employees. *Previous editions of the employee and family newsletters are posted on*

the FSSA Web site. Attachment A includes sample minutes from monthly meetings with families.

3. *Concerns about the Regional Centers.*

- Claims that the buildings and staff at MSDC are better suited for serving as a Regional Center for individuals with developmental disabilities.
- Concern that there are not enough beds in the Regional Centers for individuals with developmental disabilities.
- Concern that the cost of Regional Centers is \$55 million each, and the system does not need a Regional Center in each region.

Note: The Governor's Commission on State Operated Facilities recommended the establishment of Regional Centers to best serve Indiana residents with mental illness and/or developmental disabilities as close to home as possible. The goal of these centers is to provide a comprehensive array of coordinated services designed to serve the complex needs of individuals who otherwise cannot be served in the community.

4. *Concerns that funds are not being used efficiently.*

- Claims that there are unnecessary improvements being made at MSDC, especially if the facility is not going to be used in the future.
- Concerns that the costs of operating MSDC continue to increase.
- Concerns that the contract staff working at MSDC cost too much.

Note: The State is committed to maximizing its available resources to serve residents with developmental disabilities. As the census at MSDC has declined, FSSA has made only those facility improvements that were necessary to the maintaining the health and safety of the remaining residents. Additionally, FSSA has been committed to hiring state employees to fill vacancies at MSDC whenever possible.

5. *Concerns that community-based services will not provide adequate care.*

- Concern that there is a shortage of readily available professional staff in the community.
- Assertion that residents receive good care at MSDC.
- Claim that residents at MSDC have a severe level of functioning and or medical needs which can not be served in community.
- Concern that community facilities are poorly maintained.
- Concern that residents have a lack of involvement in the community.
- Concern that residents will lose protections in the community – argument that MSDC is safer and offers more protections.
- Concern that there is a lack of Quality Assurance mechanisms in the community.

Note: DDARS is very committed to ensuring individuals receive adequate supports and services in their community-based settings. The State takes numerous steps to ensure that is the case, which will be discussed later in this report. Since January 1, 1999, more than 255 residents have transitioned into the community. Only five of these individuals have needed to return to Muscatatuck, and one of those individuals have already re-transitioned back into the community. Additionally, family members of individuals who have transitioned to the community report a high level of satisfaction with the community-based services, and overall believe their loved one is better off in the community. *See Attachment B for a copy of the most recent satisfaction survey results.*

6. *Concerns about the transition process.*
- Complaint that guardians are expected to make decisions about community placements sight unseen.
 - Concern that residents are returning to MSDC after transitioning into the community due to problems with their placements.
 - Assertion that the family members lack trust in the process and feel deceived.
 - Concern that decisions are made for parents, rather than allowing parents to make decisions.
 - Assertion that MSDC is like a family and residents consider MSDC their home.

Note: When an individual is preparing to transition from MSDC into the community, staff follow a thorough person-centered planning process, which includes family input.

Paper copies of the transition manual are available upon request.

7. *Concerns about the impact of closure on the community.*

- Assertion that MSDC has been a major employer in the community.
- Claim that MSDC is considered part of the community.

Note: DDARS recognizes that MSDC plays an important role in the community and has taken a number of steps to lessen the impact the closure of the center will have on the Jennings County area.

A complete transcript from the public meeting as well as the submitted written testimony are available upon request.

Summary of Study on Risks to Residents and Their Families

IC 12-24-1-10 (C)(1) The division shall conduct a study on the following issues:

- (1) The risks to the health and well-being of residents of Muscatatuck State Developmental Center and the families of residents that arise from:*
 - (A) downsizing Muscatatuck State Developmental Center; and*
 - (B) transferring residents to new placements.*

The Division of Disability Aging and Rehabilitative Services (DDARS) is conducting a variety of ongoing analyses of the risks to the health and well-being of residents of MSDC and their families as they transition into the community. Additionally, DDARS has established systems to ensure the health and safety of individuals transitioning to community settings from MSDC. These efforts include consumer satisfaction surveys, pre- and post-transition surveys, residential services and supports surveys, and incident reporting.

Consumer Satisfaction Surveys

The Indiana Institute on Disability and Community, IU Center of Excellence, has completed two consumer satisfaction surveys of the families who have had a loved one transition from MSDC into the community. The results of both the 2001 and 2002 surveys indicated that the families were satisfied with the services at MSDC, but they were even more impressed with the services their loved one received in the community. This satisfaction with community services increased as their loved ones were in the community for longer periods of time.

Highlights from the study conducted in 2002 include:

- As pleased as the respondents were with the overall satisfaction with MSDC services in 2001 and 2002 respectively (66%; 67%), the respondents were more pleased with their loved one's life after leaving the Center (71%; 89%). More interesting was that the 2001 respondents have a higher level of satisfaction (71% vs. 80%) with their loved one's life a year or more after leaving Muscatatuck.
- Over half of the respondents in both 2001 and 2002 felt they were very informed during the planning and actual moving process from the Center.
- Overall the respondents for both years were pleased or very pleased (71%, 77% respectively) with the quality of their loved ones life now. More interesting was the 2001 respondents believed there was a larger difference in their loved ones life from over a year ago (71% vs. 90%).

A complete copy of the 2002 consumer satisfaction survey is included in Attachment B.

Pre-Transition QA Checklist

This checklist is completed by the transition team prior to an individual moving into a community setting to ensure that safeguards are in place and medical and safety needs are addressed. The checklist is designed to confirm that all individuals moving into the community have access to the services and supports that were determined to be necessary in the person-centered-planning process and support plan. From July 2003 to March 31, 2004, 31 individuals moved from MSDC to the community. A pre-transition QA checklist was completed for each of these individuals, and steps were taken to resolve issues the checklist identified prior to the individual moving. Examples of identified issues include needing to install smoke detectors and/or grab bars, and needing to make emergency phone numbers available. *A copy of the BQIS study of pre-and post-visits is included in Attachment C.*

Post- Transition QA Checklist

This checklist is completed by the DDARS Bureau of Quality Improvement Services (BQIS) seven and 30 days after the individual has moved into the community, and BQIS continues to conduct follow-up surveys until all the identified issues are resolved. This checklist is designed to confirm that individuals moving into the community have all the services in place that have been determined necessary in the person-centered-planning process and support plan. Post-transition checklists have been completed for all of the individuals who have transitioned to the community in January, February and March 2004 (the period for which the most recent data is available). The overwhelming reason follow up has been necessary has been to ensure the completion of necessary medical appointments. Many times, there is either a change in when the appointment is scheduled or a delay in getting an appointment time. Also, at the seven-day reviews there are sometimes issues with the Individualized Support Plan not yet being amended to reflect the services in the community; however, this is generally resolved before the 30-day survey. *A copy of the BQIS analysis of pre-and post-visits is included in Attachment C.*

Residential Services and Supports Survey

Since June 2003, BQIS has been completing the Residential Services and Supports Survey once an individual has lived in the community for six months. This survey ensures that services and supports continue to be appropriate for the individual and that they are receiving the needed services. *A copy of the Residential Services and Supports Survey policy and form is included in Attachment D.*

Incident Reporting

Systems are in place to ensure the reporting of any event or occurrence characterized by risk or uncertainty resulting in the potential of significant harm or injury to an individual. BQIS tracks these reports in an automated system, which requires an individual's case manager, Qualified Mental Retardation Professional (QMRP) or Bureau of Developmental Disabilities Services (BDDS) Service Coordinator to follow up in response to identified incidents.

Sentinel event incident reports are flagged, and the report is immediately brought to the attention of the BDDS Service Coordinator to assure that the issue is being addressed and results are documented. A sentinel event is described as an unexpected occurrence involving serious physical or psychological injury or the risk thereof. Serious injury specifically includes a loss of limb or function. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious outcome. A distinction is made between an adverse outcome that is related to the natural course of an individual's illness or diagnoses and major loss of function, or risk thereof, that is associated with the treatment/supports, or lack of treatment/supports, for that condition or diagnosis. It is important to note that deaths are tracked separately.

The following adverse incidents are considered Sentinel Events even if the outcome was not major permanent loss of function:

- Attempted suicide resulting in the patient's need for intensive, around-the-clock care.
- Suspected rape, sexual assault or sexual exploitation against or by a person receiving services.

- Major disturbance or threat to public safety created in the community by an individual, either residing in the community or a state-operated facility.
- Police involvement when there is an arrest or removal of a person from placement, or that results from a situation where a person's safety is a concern.
- Adverse conditions when the individual is seriously injured (broken bones, hospitalization, serious lacerations, etc.), when there is a significant change in health status (significant increase in seizure activity, cases of aspiration pneumonia etc.) or when an individual is placed at significant risk possibly due to failure of staff/provider to support individual's needs.
- Elopements that put a person and/or others at significant risk.

A copy of the BQIS form for reporting Sentinel Incident Reports is included in Attachment E.

Transition Manual

The MSDC transition team, case managers, service providers and BQIS staff follow the process outlined in the DDARS transition manual, which includes information related transition policies as well as the processes for assessing residents for placement, conducting person-centered planning, developing an individual program plan, ensuring choice and completing various checklists. *A copy of the transition manual is available upon request.*

Comparative Analysis

In October 2003, DDARS conducted a comparative analysis of the individuals who have transitioned from MSCD into the community and those individuals who have remained at MSDC. The analysis indicates that the characteristics of these two groups of individuals are very similar, which means the individuals who remain at MSDC could be placed in the community as safely as the previous individuals have been transitioned. *This analysis is included in Attachment F.*

Analysis of the Types and Availability of Adequate Placements for Residents

IC 12-24-1-10 (C)(1) The division shall conduct a study on the following issues:

- (2) The types of placements needed to adequately serve residents of Muscatatuck State Developmental Center in a setting that is located within the vicinity of the families of residents, including:*
- (A) the availability of adequate placements; and*
 - (B) the need to develop new placement opportunities.*

DDARS is committed to ensuring residents transitioning from MSDC move into community-based settings that adequately address their needs and are located near their families. These issues are intensely considered in the person-centered planning process. The following analysis looks at the placements of residents who have already transitioned from MSDC into the community and the availability of community-based resources to serve future residents.

Resident Choice

Since the MSDC closure was initially announced on May 1, 2001, residents have transitioned to the following settings of their own choice:

- 109 individuals have moved into new supported living arrangements of 1-, 2- or 3-person home-like settings.
- 35 individuals have moved into previously established, supervised group living (group homes).
- 4 individual transitioned to four-bed group homes for medically fragile individuals.
- 3 individuals transitioned to other state-operated facilities.
- 2 individual transitioned to a nursing facility.
- 1 individual transitioned to a location out of state.

(Data as of April 13, 2004)

Supervised Group Living

There are an adequate number of existing supervised group living (group homes) openings in Indiana to support individuals from MSDC if they choose this type of residential arrangement. Indiana has 533 group homes, with 3,649 beds. The average capacity of the group homes is 6.8 individuals per group home. There were 185 vacancies in group homes on March 31, 2004.

Additionally, DDARS has approved various providers' plans to construct special supervised group living (group homes) for four individuals with medical needs in the Jennings and Marion county areas to serve residents from Muscatatuck.

Targeted Case Managers

There is an adequate number of Targeted Case Managers available to track the initiation and implementation of support plans for individuals to ensure they receive the supports and services needed. To date, there have been 43 different Targeted Case Managers involved with the individuals who have transitioned from MSDC.

Residential Providers

There is an adequate number of residential providers available and interested in providing services to implement the support plans for individuals, thereby ensuring the individuals receive

the necessary supports and services. To date, individuals have selected 28 different residential providers to assist in their transitions from MSDC.

Provider Fair

On February 24, 2004, MSDC conducted a fair to give parents and guardian an opportunity to meet with providers and case managers. Sixty-five providers and case management agencies attended the fair, expressing their interest in serving residents from MSDC.

Financial Resources

There are adequate financial resources to support the number of individuals transitioning from MSDC into other residential settings. The individuals transitioning into Medicaid waiver funded supported living settings have Medicaid resources that will follow them into the community – this is referred to as a deinstitutionalization waiver. The facility bed is closed behind the individual when they transition, allowing the funding to follow them into the community. Currently we have 48 waiver slots for FY 2004 and 30 for FY 2005. The total cost (state and federal share, with the state share at 38%) of serving a former MSDC resident in the community is \$117,946 annually, or \$323.14 each day. The state share of this is \$40,962 annually, or \$112 per day. Funding will be available to follow the remaining MSDC residents into the community.

Economic Impact of Closure

IC 12-24-1-10 (C)(1) The division shall conduct a study on the following issues:

(3) The economic impact that downsizing will have on:

(A) Muscatatuck State Developmental Center:

(i) residents;

(ii) residents' families; and

(iii) employees; and

(B) communities surrounding Muscatatuck State Developmental Center.

FSSA recognizes that the closure of MSDC will have a variety of impacts on residents, their families, employees and the community. The State has taken a number of steps to lessen any potentially negative impact the closure will have on these groups.

Residents

The economic impact that downsizing will have on the residents of MSDC will at least be a neutral impact and, in some cases, a positive one. If an individual transitions from MSDC to another Intermediate Care Facility for the Mentally Retarded (ICF/MR) they will continue to receive the \$35 per month for personal expenses including some clothing items and community entertainment expenses that they received at Muscatatuck. These funds also could include personal hygiene items if they choose not to use items supplied by the group home.

If an individual transitions from MSDC to a supported living setting, they will receive \$80 each month for personal expenses which will include their clothing and grooming items and community entertainment expenses. They also will have the choice as to how they want to spend the \$80 in their individual budget. Also, if an individual is in supported living setting they will be able to keep a portion of their earned income from employment in the community.

Families of Residents

The economic impact that downsizing will have on the residents' families again will be either a neutral or positive one. Parents will not be required to pay for any supports or services in the community. Since many of the individuals will live closer to their families it will take less resources for them to visit their loved ones, resulting in a positive impact from both a cost and an emotional standpoint.

Employees

The economic impact that downsizing will have on MSDC employees has been strongly considered and DDARS has established supports to enable staff members to find other employment.

Each employee was given the opportunity to receive \$2,000 toward their education. As of Nov. 12, 2003, 570 employees had taken advantage of this opportunity, using \$912,939.06 to gain new skills to help their re-employment efforts. The State also has given priority to MSDC employees in filling vacancies for which they are qualified. As of April 30, 2004, 135 MSDC employees have been hired in other state positions.

Additionally, 104 MSDC staff selected to take advantage of the state's early retirement offer in 2003. These individuals were awarded enhanced retirement benefits, which financially enabled

them to retire earlier than previously planned. Since the closure announcement, there have been a total 607 employees who have left employment at MSDC, of which 120 were retirees.

Community

The Jennings County Economic Development Commission hired Crowe Chizek to conduct to study the economic impact MSDC's closure would have on the Jennings County community. Key findings from this study include:

- The 1,075 MSDC employees who lived in the five-county area (Bartholomew, Jackson, Jefferson, Jennings, and Ripley counties) earned \$25.04 million in wages and salaries in 2001.
- The combined effect of MSDC on other industries in the five-county area totals \$41.79 million, meaning for every \$1 not spent by MSDC, as of Dec. 31, 2001, total demand for goods and services for the five-county region decreases by close to \$.99.
- The combined effect of MSDC on other industry earnings in the five-county area totals \$13.55 million, meaning for every \$1 not spent by MSDC, as of Dec. 31, 2001, industry earnings in the five-county region decrease close to \$.32.
- The total secondary employment impact for the MSDC facility is estimated to be approximately 474 full-time equivalent positions within the five-county region.
- Total direct wages and business spending lost to the five-county region is estimated to be approximately \$30.44 million upon the closure of MSDC and Regal Rugs (another large Jennings County employer set to close). This loss will create an additional loss of \$53.47 million in final demand economic impact and \$15.65 million in final demand earnings impact. When combined, the total economic loss to the five-county region, using Dec. 31, 2001 as baseline data, is approximately \$123.17. It is important to note the total economic impact figures represent a worst case scenario assuming that those employed at the closed facilities do not find comparable employment. Additionally, the figures do not reflect new jobs that are developing to serve former MSDC residents in the five-county community.

A complete copy of the Crowe Chizek study is included in Appendix G.

Environmental Hazards on the Property

IC 12-24-1-10 (C)(1) The division shall conduct a study on the following issues:

(4) The existence of environmental hazards on the property where Muscatatuck State Developmental Center is located.

DDARS hired Schmidt Associates to conduct a special study of the MSDC property, including an analysis of potential environmental hazards. According to this study, a Phase I Environmental Site Assessment of the property identified a variety of potential environmental concerns including the presence of metals, SVOC's, VOC's and phosphates in the ground, as well as PCB's, herbicides, pesticides, arsenic and poisons. Environmental remediation costs to remove these contaminants could be as much as \$6.6 million; however, the study recommends the state investing approximately \$500,000 in a Phase II Environmental Site Investigation to determine the extent of environmental contamination, types and quantities of contaminants, and specify the remediation methods required to address these issues. FSSA will be requesting an appropriation to conduct this Phase II in the 2005-07 biennium.

Additionally, the study recommends that all regulated asbestos containing materials be abated and disposed of properly before any demolition activities take place. This would cost approximately \$6 million. Schmidt Associates further recommends that an abatement specification/work plan be developed, pre- and post-abatement inspections be conducted, abatement work practices inspections undertaken and the air be monitored to determine compliance with emission control practices. This work would cost approximately \$330,000.

See Attachment H for a copy of the summary of the Schmidt Study.

Possible Re-Use of the Muscatatuck State Developmental Center Property

IC 12-24-1-10 (C)(1) The division shall conduct a study on the following issues:

(5) Opportunities for reuse of the Muscatatuck State Developmental Center property in a manner that will enhance the economy of the area.

The Schmidt Associates' Special Study and Master Plan Update for MSDC, dated October 1, 2003, also addresses possible opportunities for re-using the MSDC property. Because of the high costs associated with maintaining and renovating the existing facilities, the study does not recommend retaining the existing facilities. Furthermore, because of the inflexible design of the existing buildings, it is unlikely they could be used for anything other than the purpose for which they were originally designed. The study estimates it would cost \$53 million to renovate the buildings on the campus. *See Attachment H for the summary of the Schmidt study.*

On May 7, 2004, Governor Joe Kernan announced the State of Indiana, Purdue University and Jennings County officials reached agreement on reuse plans for the grounds of Muscatatuck State Developmental Center that allow for development of an industrial park and management of recreational areas. The agreement – reached through the cooperation of the Indiana Family and Social Services Administration, Purdue University, the Departments of Natural Resources, Administration and Commerce and Jennings County officials – transfers existing state land to Purdue and allows Jennings County to use other land for economic development.

Purdue will use the transferred land to continue its agricultural research at the Southeast-Purdue Agricultural Center, which focuses on grain crops, forestry and horticulture. Teams of Purdue professors, graduate students and technicians conduct about 50 research projects at the center at any given time.

Under terms of the Memorandum of Understanding, signed by Governor Kernan and Purdue President Martin Jischke:

- The Jennings County Economic Development Commission may assume up to 140 acres of current Purdue land within the next 10 years to build an industrial park. As projects are identified and commitments secured, the land will be transferred. After these 140 acres are developed, an additional 240 acres of Purdue land will be made available if the university finds another suitable location for the Southeast-Purdue Agricultural Center.
- The State will transfer some of Muscatatuck's land to Purdue, including recreational areas that will continue to be operated by the Department of Natural Resources. After Muscatatuck's buildings are razed, Purdue also has the option of assuming that land for agritourism and research.

Plan for Downsizing Muscatatuck State Developmental Center

IC 12-24-1-10 (e) The division shall develop a plan for downsizing Muscatatuck State Developmental Center. The plan must include the following:

- (1) A plan and timetable for placement of appropriate residents of Muscatatuck State Developmental Center in adequate placements that fully meet the needs of the residents before downsizing Muscatatuck State Developmental Center.*
- (2) A plan for moving residents to alternative placements that protects the physical health, mental health, and safety of the residents.*
- (3) A plan for keeping:*
 - (A) Muscatatuck State Developmental Center:*
 - (i) residents;*
 - (ii) residents' families; and*
 - (iii) employees; and*
 - (B) communities surrounding Muscatatuck State Developmental Center; informed of each significant step taken in the planning, resident placement and downsizing process.*
- (4) An environmental plan for the elimination of any environmental hazards on the property where Muscatatuck State Developmental Center is located.*
- (5) A plan and timetable for the reuse of the Muscatatuck State Developmental Center property in a manner that will provide for the best economic use of the property.*
- (6) A plan for monitoring compliance with the standards set to assure the health and safety of residents, compliance with this section, and compliance with the plans developed under this section.*

(1) and (2)

DDARS has spent a great deal of time and energy developing a plan for downsizing MSDC that focuses on protecting the health, safety, and integrity of residents, families and employees. A number of mechanisms have been developed to ensure that the transition happens smoothly and appropriately.

Timetable for Downsizing Staff

The timetable for downsizing the staff at MSDC includes a list of every type of position at the center, the current total state positions for each type of position, and the number of staff needed by position at various census levels (in increments of 25). DDARS management is monitoring staffing levels closely to ensure that adequate staffing coverage is in place. *See Attachment I for a copy of this staffing report.*

Transition Status Report

In addition to monitoring staffing levels, DDARS management also is tracking the transition process with the help of the transition status report. As was mentioned earlier, all of the individuals involved in transitioning an individual from the Center to the community must following the transition manual. The MSDC Transition Status report includes components that are important to be tracked to ensure residents of MSDC are placed in a manner that fully meet their needs. Some of the important components include projected dates for all the steps in the process and the actual dates the step was completed. *See Attachment J for a copy of this report.*

(3)

FSSA has remained committed to maintaining open communication with families and employees throughout the closure process. To that end, regular newsletters are sent to families and staff members highlighting the status of closure efforts.

Additionally, representatives from the MSDC transition team meet monthly with parents to share information. *See Attachment A for copies of meeting minutes.*

(4)

The Schmidt Study includes recommendations for the elimination of environmental hazards from the MSDC property. *See Attachment H.*

(5)

Since no re-use opportunities were found for the buildings and infrastructure at MSDC, there is no timetable for reuse. *See Attachment H.*

(6)

As was noted earlier, DDARS has established numerous mechanisms for monitoring the ongoing health and safety of residents in the community. These include:

- Pre-placement checks
- Post-placement checks (7 and 30 days)
- Residential Services and Supports checks
- Incident Reporting monitoring

Whenever problems are identified in these monitoring efforts, the Bureau of Quality Improvement Services ensures appropriate follow-up takes place to address the issues. *See Attachment C for the BQIS pre- and post-visit study.*

Presentations to the MR-DD Commission

IC 12-24-1-10 (3)(a.) Beginning March 1, 2002, the division of disability, aging and rehabilitative services established by IC 12-9-1-1 shall provide a quarterly report regarding the status of the closure of Muscatatuck State Developmental Center to the commission on mental retardation and developmental disabilities.

DDARS has been submitting regular reports to the Commission on Mental Retardation and Developmental Disabilities. *Copies of previously submitted reports are available upon request.*

Attachment A:

Sample Minutes from Monthly Family Meetings

FAMILY TRANSITION MEETING
JUNE 19, 2002
TEAM 2

Transition Staff Present: Dan Mohnke, Project Coordinator; Jon Oliver, Consultant; Christy Swango, Facilitator; Genna Lynn, Quality Coordinator; Anne Norris, Service Coordinator

Family Members Present: Cheryl Price, Grace Schmidt, Karen Chastain, Frances Tilford, Lou Tilford, Ruth Tuttle, Edith Walke, Cliff Walke, Connie Price, Tashe Price

Began the meeting by welcoming those present and thanking them for their attendance. The primary focus of this meeting was to be the Quality Assurance process. Turned the meeting over to Genna Lynn, Quality Coordinator, for an in depth discussion of this subject.

Genna began by providing copies of the pre-transition checklist. This checklist is completed prior to any individual moving and is utilized to insure that the needs identified in the transition support plan are adequately addressed. Genna reviewed this checklist point by point. She noted that this checklist is currently being reviewed with changes being made.

Genna then provided copies of the post-transition checklist. This checklist is completed at the 7 day and 30 day interval after transition. The Quality Coordinator then works with the service coordinator to address any “no’s” on the checklist. The service coordinator will work with the provider in completing a plan of correction to address the issue. The situation will continue to be monitored until all issues are resolved. During this process the Guardian/HCR or family of the individual receives copies of the outcome of the checklist and is notified regarding any issues. The Quality Coordinator also does a more extensive and comprehensive review of the placement at six months from the time of placement.

Genna also provided those present copies of the guidelines for the pre/post visit reviews.

The meeting was opened up to general questions and concerns. The next meeting will be held on July 17, 2002 at 1:30pm.

**FAMILY TRANSITION MEETING
SEPTEMBER 25, 2002
TEAMS 2 & 3**

Transition Staff Present: Christy Swango, Transitions Facilitator; Ken Biddinger, Transitions Facilitator; Anne Norris, Service Coordinator; Jackie Denny, Service Coordinator

Family & Guests Present: James Boone, Rita Boone, Ruth Tuttle, Frieda Ruhlow, Belvia Barker, Margaret Lori, Francis Lori, Cliff Walke, Edith Walke, Charles Brown

Guest Speaker: Nanette Whightsel

Welcomed everyone and thanked them for their attendance. As Ms. Whightsel was speaking with another group and running late, we opened the meeting to discuss any general questions and concerns. Addressed questions and concerns regarding the ability to change the individual's budget should their needs change, obtaining a targeted casemanager, and procedure for purchasing a home. These concerns and questions were addressed.

Ms. Whightsel was introduced to the group. She is the mother of an individual who left New Castle State Developmental Center and is now living in a waiver home. She relayed the experiences she has had with the waiver system. She was able to provide information about her experiences in obtaining casemanagers and residential providers. The discussion was helpful and everyone appeared to appreciate hearing from her perspective.

The meeting was adjourned and individual questions and concerns were addressed with those present.

The next meeting is tentatively scheduled for October 16, 2002 at 1:30pm. Notices will be sent.

Christy Swango, Transitions Facilitator

**FAMILY TRANSITION MEETING
JUNE 22, 2003
TEAMS 1,2,&3**

Present: Mary Louise Wesselman, Carrie Birge, Keith & Ruth Russell, Frieda Ruhlow, Ruth Tuttle, Larry Tuttle, Loren & Doris Inman

Transition Staff Present: Kenneth Biddinger, Facilitator; Anne Norris, Service Coordinator; Christy Swango, Facilitator; Patty Cook, Facilitator

Welcomed everyone and thanked them for their attendance. Introduced Transition staff. Each Facilitator gave an update on their caseload.

- Team 1 – Patty Cook, Facilitator – Team 1 has had eight individuals move since the first of the year. All those folks have moved to waiver homes. Currently Team 1 is working with one home that is being remodeled, one home that is being built, and the two 4-bed group homes that the property has been purchased for and construction will begin soon.
- Team 2 – Christy Swango, Facilitator – Team 2 has had eight individuals leave since the first of the year. There are three folks scheduled to move before the end of this month and approximately 12-15 who are at some point in the process. Several family members and guardians have been contacting Transitions to obtain information and inquire about the process.

Team 3 – Ken Biddinger, Facilitator – Team 3 has had six individuals move during 2003. There are currently 12 folks who are at some point in the process. They also have had several families contacting the team for additional information.

An explanation of the distinction between group homes and supported living homes was reviewed. Patty gave an explanation of the daily rate which is how the group homes are funded. She explained that there is a yearly review and readjustment of that rate. In supported living homes each individual has their own specific budget that is designed to address their unique needs.

There were several questions regarding renting/owning/leasing the homes for the waiver setting and how that process works. Anne Norris gave an explanation of the Individual Community Living Budget and how it provides for the day to day living expenses for the individual. That budget is submitted to the Service Coordinator who approves that budget.

Many of those present had questions and concerns about day programs and activities for those folks living in waiver homes. It was explained that the emphasis is on individual preferences and designing a schedule that reflects the interests and needs of the individual. Transition staff explained that the individuals in waiver homes are expected to be out of the home on a daily basis. The provider is expected to have a schedule for the individual that provides a full and meaningful day.

Qualifications for staff working in the homes were discussed. It was explained that there is a core set of requirements that are set by the state and that individual providers will also have additional

requirements. It was suggested that this be one of the questions that is asked when speaking with potential providers.

Some discussion was held regarding the differences in standards for group homes and waiver homes.

Copies of the Family Newsletter from FSSA and the report from IU regarding the satisfaction of those who have transitioned from MSDC were made available to the group.

Members of the group questioned the recent legislative action concerning the requirement of family/guardian approval being taken out and what that means for them. Transition staff assured those present that we want to work with families in transitioning their person into a setting that they feel comfortable with.

The group was asked if meeting on a weekend was helpful to them or if meeting on a weekday worked just as well. Those present stated that the weekday meeting actually worked better for many of them.

The meeting was concluded.

**FAMILY TRANSITION MEETING
JANUARY 15, 2004**

Present: Bruce Graham, Frances Egner, Carrie Birge, Mary Louise Wesselman, James Boone, Kenneth Biddinger, Nanette Whightsel, Janie Lee, Cindy Speer, Larry Tuttle, Ruth Tuttle, Patty Cook

No specific program had been arranged for this meeting. Rather the floor was opened to address questions of the family members in attendance.

- Will the closure date of MSDC be in January or June of 2005?
- We have not been given a specific date, only that it will occur in 2005. Transitions will continue to work with families and guardians to insure that appropriate arrangements are made for their loved ones.
- What will happen if there are still a number of people (30) here when the facility closes?
- We would assume that at some point it may become necessary for the agency to initiate plans for an individual if the legal representative has chosen not participate in the process. It is hoped that all families, guardians, and/or legal representatives will participate in the process at some level and be involved in the planning for the individual.
- What if no provider will accept the individual?
- We have never had a situation where there was absolutely NO provider who would accept the individual. Different providers tend to have different areas of expertise, so it may take talking to several in order to locate the one most suited to meet the individual's needs.
- With the recent cutbacks we have heard that there are providers who want to return individuals to MSDC?
- We have not had any requests to return someone to MSDC.
- What if once my son has left they try to cut back on his staffing levels?
- As guardian/legal representative you have to sign the Plan of Care approving the funding for his services. The Plan of Care is developed as a result of needs identified in the individual support plan by the IDT. You are a member of that IDT. If staffing changes are made it will be the result of recommendations made by the IDT of which you are a part.
- I was told by a mother whose daughter requires two staff to lift her that the casemanager told her they were cutting down to one staff and that if the mother didn't like it she could take her home.
- First of all, the casemanager works for the individual and the mother and they have the option of changing casemanagers at any time. For a statement like you mentioned to have been said is very unfair and is not working on behalf of the daughter or the mother. Safety is of the utmost importance. It may be that the staff can be cut and a mechanical lift or other means utilized, or it may just mean that the casemanager has to make a conscious effort to adequately justify the need for more than one staff.

- What if I cannot come to an agreement with the provider and/or casemanager in regards to staffing or other issues?
- The Waiver Ombudsman is Brian Reynolds and he can be reached at 800-622-4484. His job is to mediate in situations where there is a conflict.
- What type of training does the provider staff receive?
- There is a basic core of training that all staff are required to have such as CPR and first aid. In addition, different providers have different requirements for their staff to complete. BQIS completes provider surveys in which they check to insure that the basic training components have been completed by all staff.
- What is the difference in the caseworker I receive mail from and the waiver casemanager?
- The correspondence you referred to is from the DFC caseworker who handles your family member's Medicaid at the local office. The waiver casemanager is the person you choose who will monitor your family members program and insure that they are receiving the supports and services they need.
- How many individuals does a casemanager have on their caseload?
- This may vary depending upon the number of casemanager hours each individual has in their Plan of Care. The usual number is somewhere between 20-25.
- Are casemanagers and providers separate?
- Yes. There are some providers who also offer casemanagement services, but there is an advantage in having the casemanager separate from the provider as an extra layer of oversight.
- Will a dietician come to the home and set up meal plans?
- In most cases, unless the individual has specific dietary needs, the housemanager or a supervisory person sets up a meal plan for the home. If the person has specific or specialized needs in that area the services of a dietician are obtained through the plan of care.
- Can I receive help in selecting the casemanager and/or residential provider?
- The Transition Team and IDT can assist you in the selection process if you choose.
- If I placed my son and he did not adjust would the provider send him back to MSDC?
- The provider cannot make the decision to return someone to the facility. Effort will be made by the casemanager, the local BDDS service coordinator, and the IDT to make any necessary adjustments and to meet the individual's needs in a community based setting. It may mean changing homes, providers, or staff. Assistance is also available through the Outreach program at MSDC.
- Here if someone has a seizure that is recorded and records are kept. What do they do in the home setting?
- The residential providers are also expected to maintain seizure records and documentation. This is monitored by the casemanager and through BQIS surveys.

- What if the staff doesn't come in to work?
- Just like here at the facility the assigned staff person is not allowed to leave until their relief has arrived. If they would, they could be charged legally with abandonment and neglect.
- Do I have a choice in the staff assigned to work with my family member?
- Yes, you choose the provider and have the right to request that certain individuals do or do not work with your family member. If the provider does not want to honor that request you have the right to change providers.
- How is the individual's finances handled?
- The residential provider assists the individual in setting up a bank account and in seeing that their expenses are paid and finances are in order. Your casemanager will monitor this area to insure that the finances are handled appropriately. As guardian you also have the right to review the financial records on behalf of your family member.

Patty Cook provided information to the group regarding the 4-bed group homes. Blue River has been granted approval to open one of these homes in Scottsburg. IRL and St. Vincents are beginning their homes in Indianapolis. The first AWS home in North Vernon is coming along and is targeted to open in February.

The group decided to hold the next meeting on February 19th at 1:00pm. They requested that arrangements be made for a representative of Indiana Mentor to attend and make a presentation regarding their services.

Attachment B:
Satisfaction Survey Results

**MUSCATATUCK STATE DEVELOPMENTAL CENTER
FAMILY FOLLOW-UP SURVEY OF INDIVIDUALS WHO HAD LEFT IN
2001 AND 2002**

Submitted to:

**Division of Disability, Aging, and Rehabilitative Services
Indiana Family and Social Services Administration**

Submitted by:

**Teresa Grossi, Ph.D., David Mank, Ph.D., Alberto Migliori, M.S., Steve
Pitts, B.S., and Larry Schaaf, M.Ed.**

**Center on Community Living and Careers
Indiana Institute On Disability and Community**

**Indiana University
2853 E. Tenth Street
Bloomington, IN 47408
(812) 855-6508
tgrossi@indiana.edu
May 27, 2003**

MUSCATATUCK STATE DEVELOPMENTAL CENTER FAMILY FOLLOW-UP SURVEY

The purpose of this survey was to determine the overall satisfaction of individuals with disabilities who had moved from Muscatatuck State Developmental Center in 2001 and 2002. In the spring of 2002, the Indiana Institute On Disability and Community surveyed the caregivers of individuals who had left Muscatatuck State Developmental Center in 2001. Seventy-nine percent responded to an 18-question telephone survey based on pre- and post move information using a likert scale and open-ended questions. The total group of individuals were interviewed again in the spring of 2003 using 11 of the 18 questions, however only focusing on the post-move information.

The same 18-question survey used for the 2001 respondents was used to gather information from caregivers of individuals who had left in 2002. In the spring of 2003, a telephone interview was conducted with 64% (30) respondents for individuals who had left in 2001 and 69% (36) respondents for individuals who had left in 2002 that included individuals with disabilities, family members or guardians. The following summary includes information on satisfaction of services and supports before and after living at Muscatatuck.

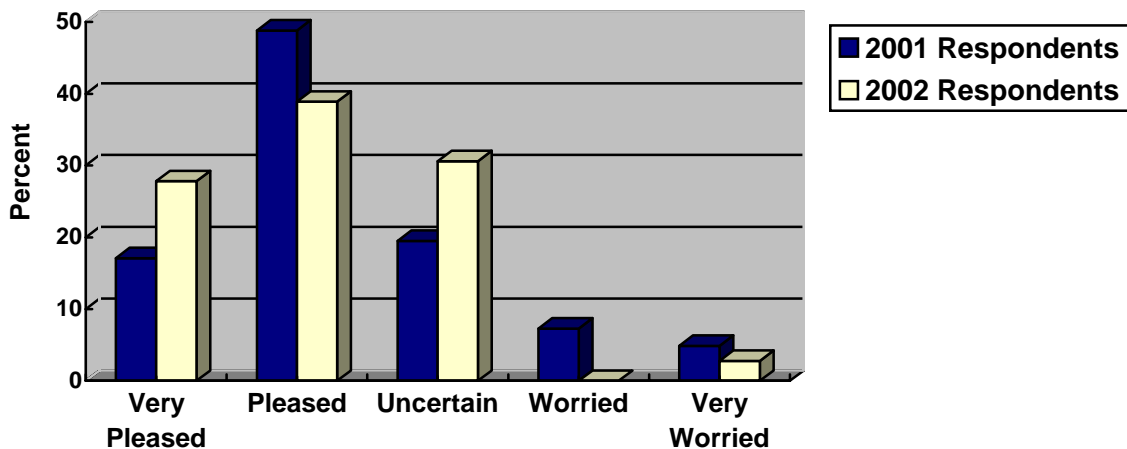
Highlights of the report include:

- As pleased as the respondents were with the overall satisfaction with Muscatatuck services for both years respectively (66%; 67%), the respondents were more pleased with their loved one's life after leaving the Center (71%; 89%). More interesting was that the 2001 respondents have a higher level satisfaction (71% vs 80%) with their loved one's life a year or more after leaving Muscatatuck.
- There seemed to be more variability in the responses on how individuals, family members or guardians felt about leaving Muscatatuck for both years. Forty-one percent (41%) were pleased or very pleased about leaving the Center during both years while over 36% and 39% respectively were either worried or very worried.
- Over half of the respondents during both years felt they were very informed during the planning and actual moving process from the Center.
- Overall the respondents for both years were pleased or very pleased (71%, 77% respectively) with the quality of their loved ones life now. More interesting was the 2001 respondents believed there was a larger difference in their loved ones life from over a year ago (71% vs 90%).
- There seem to be an improvement from individuals leaving in 2001 (27%) than with individuals leaving in 2002 (68%) about knowledge of the Bureau of Quality Improvement Services. However there was only a slight improvement (27% to 37%) of the knowledge about the Bureau of Quality Improvement Services for individuals who had left in 2001 from 2002 to 2003.

Survey Questions and Responses

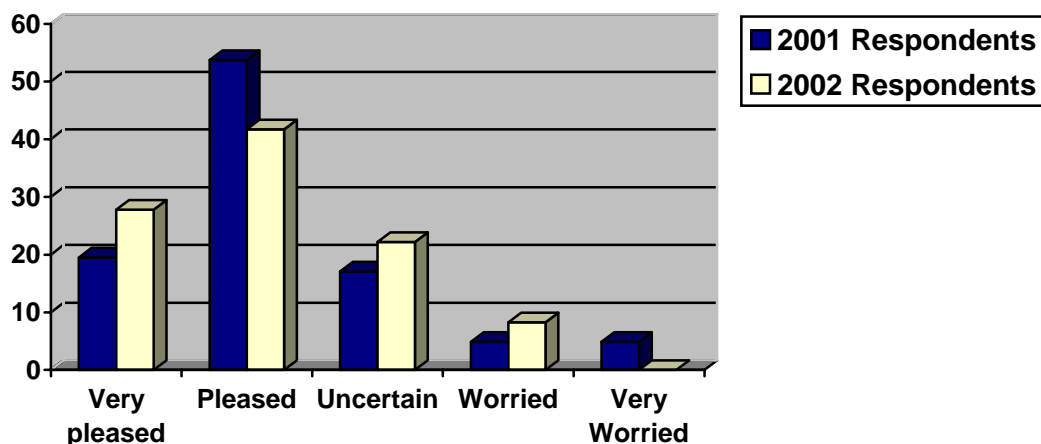
The first 7 questions elicit information on satisfaction with services while at Muscatatuck. For questions 1-7, information from individuals who had left Muscatatuck in 2001 was gathered in the spring of 2002 and for individuals who had left Muscatatuck in 2002, information was gathered in the spring of 2003.

1. How satisfied were you with services at Muscatatuck?



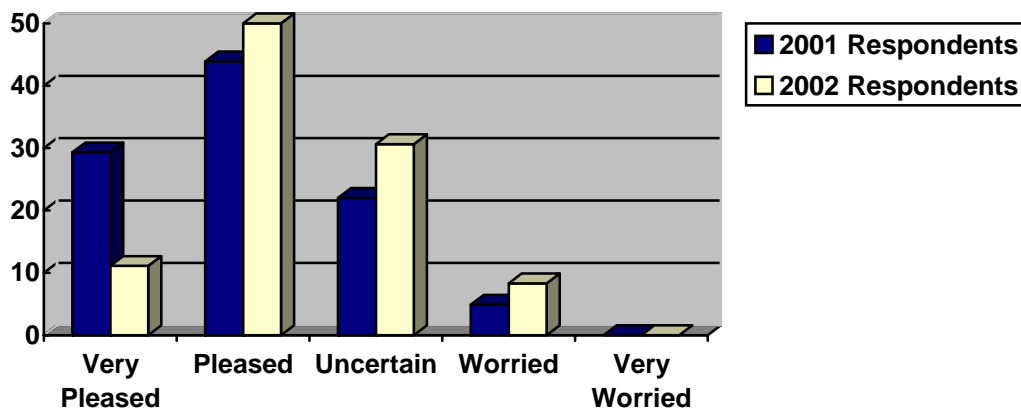
The majority of the respondents for individuals who had left during the 2 years were pleased (49%; 39%) or very pleased (17%; 27%) with the services received at Muscatatuck with isolated incidents of displeasure (e.g., hygiene, unit residing on, care given by staff, not getting enough attention).

2. How satisfied were you with the staff at Muscatatuck?



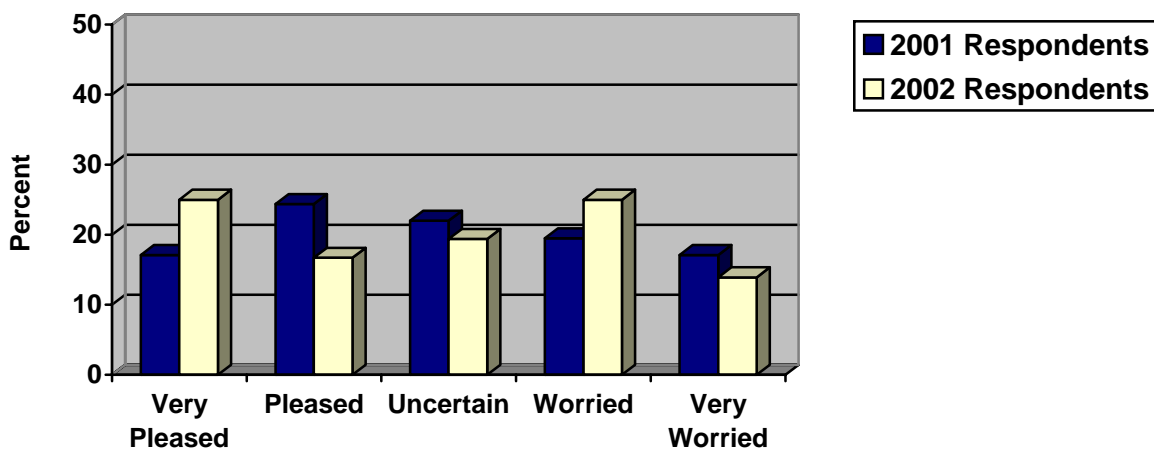
The majority of the responses were pleased (54%; 42%) or very pleased (20%; 28%) with the staff at Muscatatuck and the care they gave to their loved ones.

3. How satisfied were you with environment (e.g., building, grounds, food, etc.) at Muscatatuck?



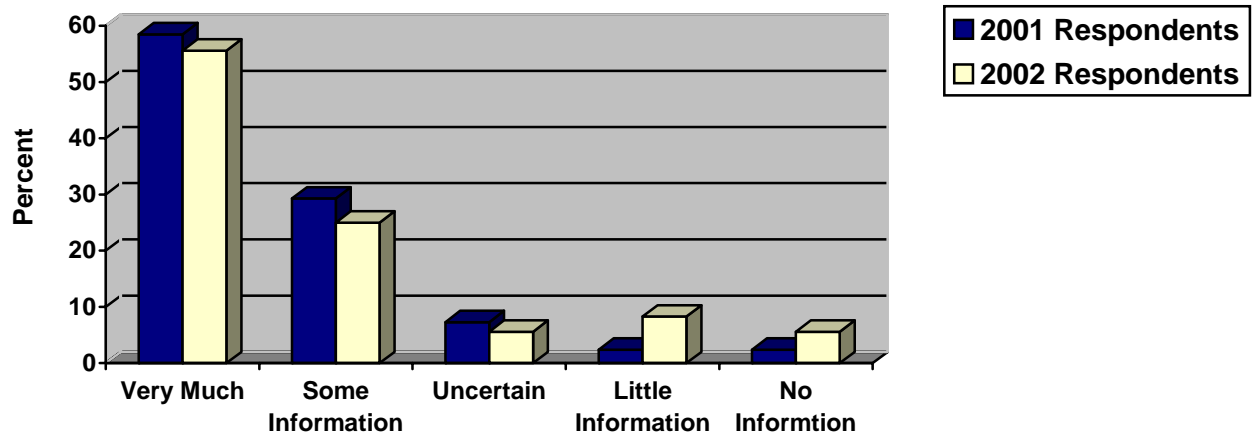
The 2001 respondents tended to be more pleased or very pleased (73%) with the overall living environment of their loved ones than the respondents in 2002 (61%).

4. How did you feel about your loved one leaving Muscatatuck?



There seemed to be more variability in the responses on how individuals, family members or guardians felt about leaving Muscatatuck for both years. Forty-one percent (41%) were pleased or very pleased about leaving the Center during both years while over 36% and 39% respectively were either worried or very worried.

5. How informed were you during the planning and moving process for your loved one?



Over half of the respondents during both years felt they were very informed during the planning and actual moving process from the Center.

6. When you needed information did you have someone to call?



7. Were people responsive to your questions?

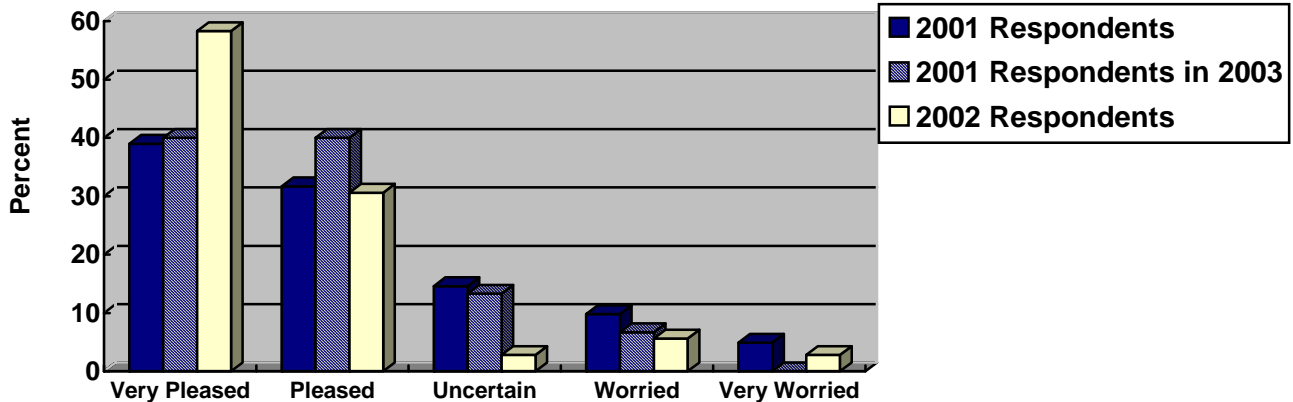


Almost all of the respondents knew the actual person to call to receive information or for questions. Additionally, the respondents felt the staff was very responsive to their questions or concerns.

POST MOVE INFORMATION

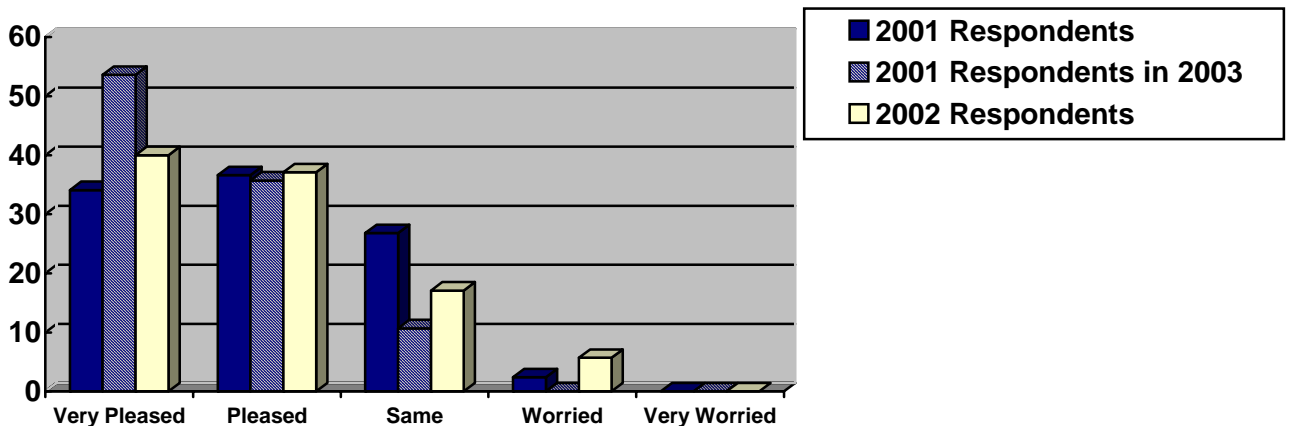
For questions 8 through 18, the individuals who had left in 2001 responded to the same questions in 2002 and 2003 (as shown by the dark solid bar and the strip bar). Responses for individuals who had left in 2002 are shown by the lighter colored bar.

8. How satisfied are you with your loved one's life now?



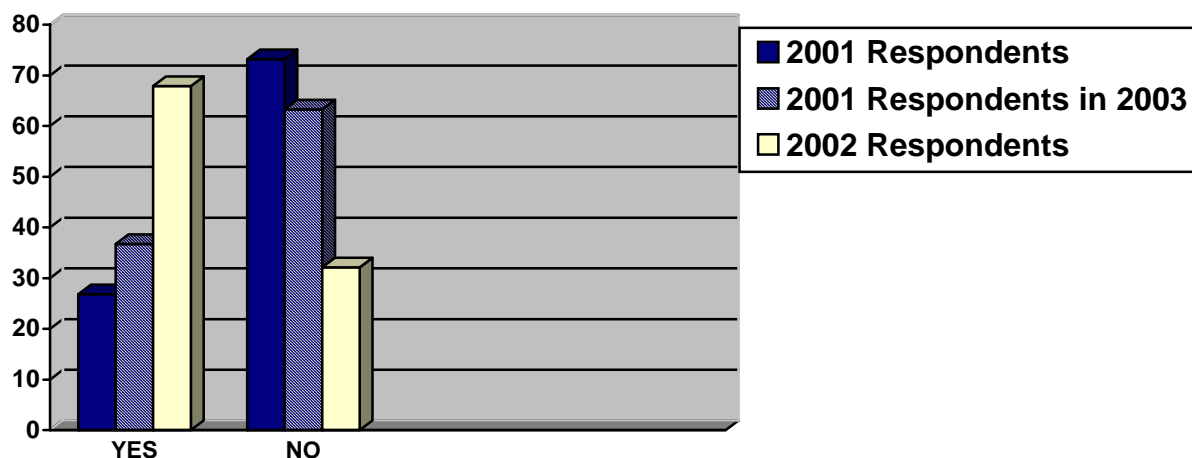
As pleased as the respondents were with the overall satisfaction with Muscatatuck services for both years respectively (66%; 67%), the respondents were more pleased with their loved one's life after leaving the Center (71%; 89%). More interesting was that the 2001 respondents have a higher level satisfaction (71% vs 80%) with their loved one's life a year or more after leaving.

9. Do you see a difference in the quality of your loved ones life now?



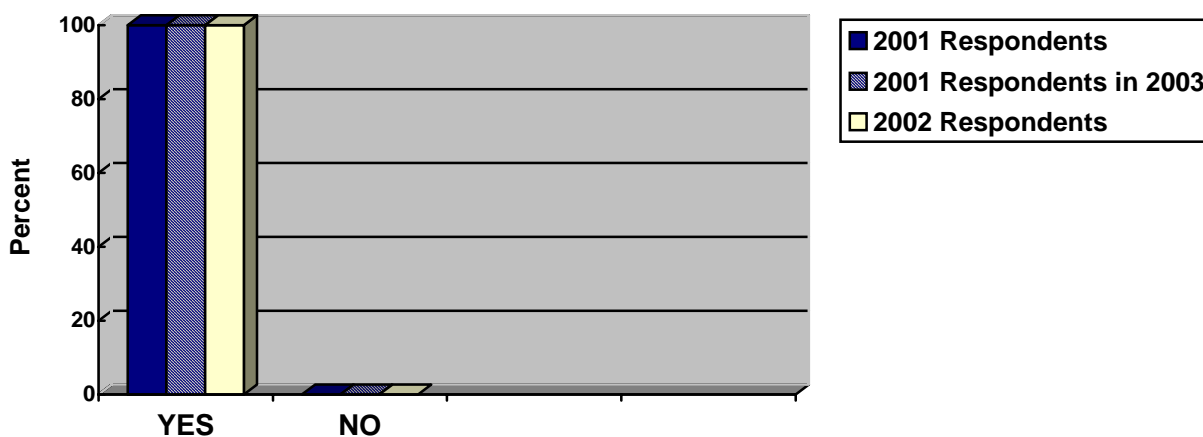
Overall the respondents from both years were pleased or very pleased (71%, 77% respectively) with the quality of their loved ones life now. More interesting was the 2001 respondents believed there was a larger difference in their loved ones life from over a year ago (71% vs 90%). Respondents believed there is a difference in the areas of more involvement in the community, ability to make own choices, living environment is more like a home, better health, better attitude, gets out to do more activities, and "more like himself".

10. Were you informed of the findings/results from the visits by the Bureau of Quality Improvement Services?



There seem to be an improvement from individuals leaving in 2001 (27%) than with individuals leaving in 2002 (68%) about the Bureau of Quality Improvement Services. However there was only a slight improvement (27% to 37%) of knowledge about the Bureau of Quality Improvement Services for individuals who had left in 2001 from 2002 to 2003.

11. If yes to Question 10, are you satisfied that any problems identified have been corrected?



All respondents who knew of the findings and results by the Bureau of Quality Improvement Services were satisfied with the outcomes.

12. What changes have happened for your loved one since moving from Muscatatuck?

Most often cited sources of satisfaction included:

- Consumer is happier
- More individualized attention
- Much more like a home environment
- More involvement in activities and community
- More independent
- Closer to family
- Receiving better care
- Having own space
- "I feel like the doors have opened up for her. She can get out and go. She can be anything she wants to be as long as she has a way to communicate. She goes shopping, to basketball games, etc."

Respondents were worried because:

- Family member does not have good access to medical care.
- Family member does not have enough structure and/or access to activities in the community.
- He is more by himself besides his staff, except when staff takes him places.
- Two isolated incidents occurred where the individuals were asked to leave their group home placement.

13. What changes or improvements would you like to see for your loved one in the next year?

Respondents would like to see:

- Many respondents indicated that they "just want (him/her) to be happy, healthy and safe.
- Other statements were made by those interviewed such as "see him in the outside world," "like to see her be more comfortable getting out in the community," and "get out of the house."
- Learn to do more for him/herself.
- Get into more activities outside the home.

Primary area of concern or worry that needs to be changed was identified:

- Several respondents indicated a fear that the potential future staff changes at the community agencies where their family members were placed would cause disruptions.

14. What do you see for your loved one's future?

A common theme in people's responses:

- Most respondents echoed the themes from the previous question, however several stated they wanted stability for their loved one that allows them to be happy, healthy, and safe.
- Several respondents indicated an interest in their family members getting a job and moving to a more independent housing arrangement.

15. What has been the biggest surprise since the move?

Surprises which are characterized by families as positive included:

- How easily and quickly their loved ones adjusted to the move and new environment. One respondent indicated their loved one lived at Muscatatuck for over 30 years and how quickly she adapted and how much more capable she really is.
- How capable their family member really is.
- How much easier their loved ones are to get along with, a better attitude, and a reduction in negative behaviors.

Surprises which are described as negative or highly negative included:

- Many respondents indicated they were more concerned about medical issues and access to medical care.

16. Do you see your loved one more often now? Less often? About the same?

- Fifty-six percent (56%) said they see their loved ones more often, 32% less often, and 12% about the same.

17. Do you have any advice for other family members as their loved ones leave Muscatatuck?

- Most common advice was for families to take a chance and that they would be surprised positively.
- Visit potential providers and really do research on the type of environment and staff at the provider facility.
- Having a good caseworker and good staff are the key to a successful transition
- Get involved.
- "Do it! Take them out! The atmosphere is so much better"

18. Additional Comments:

- Many continued to comment on how happy they are about the move and the services that their family member is receiving.
- Many commented on their continued disagreement with the decision to close Muscatatuck and discharge consumers into the community.
- "I'm still not convinced that moving people out of Muscatatuck was cost justified."
- "I was hesitant at first to move ____ from Muscatatuck. After I felt that the move was going to have to happen and I started investigating the options, I found that it was actually a good thing. It turned out to be one of the best things I've ever done for her."

Attachment C:
Pre- and Post-Transition Surveys

BQIS PRE-TRANSITION QA CHECKLIST

Name of resident:	Name of DDARS representative performing QA checklist (print):			
Residential Provider:	Signature of DDARS representative listed above:			
Home Address:	Date of visit for transition QA Checklist:			
Home phone #:	Name & phone # of Targeted Case Manager (SL) QMRP (SGL):			
Setting: SL <input type="checkbox"/> SGL <input type="checkbox"/> Other (describe below):	Name & phone # of Residential Provider contact person:			
Date Individual scheduled to move into home:	Date of Support Plan used for this checklist:			
<p>NOTE: All questions below are to be scored using the current support plan for the resident: "Yes" = compliance with plan "NA" = not a need in plan <u>"NO HOLD EXIT"</u> (1 through 21) = exit delayed until compliance is reached. <u>Compliance must be documented on page 4</u> "NO" on items 22 through 29 may or may not result in holding an exit, based on individual needs. NOTE: All "no" responses must include a narrative explaining the deficit</p>				
Item	Support/Service	Yes	<u>NO Hold Exit</u>	NA
1	Home and Community Preference (type and location) met?			
2	Home Adaptations in place? (list mandated adaptations)			
3	Home clean and hygienic?			
4	Safe storage of medications, cleaning supplies, knives and other potential hazards?			
5	House, lot, yard, garage, walkways, driveway etc. free from environmental hazards?			
6	Transportation available to meet all community access needs? (describe transportation plans)			
7	Personal physician identified and appointment scheduled? (enter name, phone # & appointment date/time)			
8	Personal dentist identified and appointment scheduled? (enter name, phone # & appointment date/time)			

9	Behavior Support provider identified? (enter name)			
10	Psychiatrist identified? (enter name)			
Item	Support/Service	Yes	<u>NO</u> <u>Hold</u> <u>Exit</u>	NA
11	Adequate Staff assigned? (describe staffing plans)			
12	Staff received information addressing Individual's medical needs?			
13	Staff received information addressing Individual's dietary/nutritional needs?			
14	Staff received information addressing Individual's personal hygiene needs?			
15	Staff received information addressing Individual's mobility needs?			
16	Staff received information addressing Individual's behavioral considerations?			
17	High Risk issues identified and plans developed to address them? (list individual risk issues)			
18	Phone installed in home? (enter phone #)			
19	Is an emergency telephone list present?			
20	Hot water no warmer than 110° Fahrenheit (or documentation of safeguards in place to ensure that the individual is not at risk for scalding)?			
21	Does the Plan of Care identify and address all necessary services and supports? (Identify Service Coordinator and date discussion held)			
Item	Support/Service	Yes	NO	NA
22	Neurologist identified? (enter name)			
23	Other needed medical specialist identified? (enter specialty and name for each, if known)			
24	OT/PT provider identified? (enter name)			
25	Speech/Language Pathologist identified? (enter name)			

26	Dietician identified and a plan in place for meeting nutritional needs? (enter name)			
27	Medical equipment present or arrangements made to obtain equipment? (list all equipment)			
28	Adaptive equipment present or arrangements made to obtain equipment? (list all equipment)			
29	Home stocked with food to accommodate the new occupant?			

List all participants, and titles:

Notes:

CORRECTIVE ACTION RESPONSES FOR DEFICIENCIES NOTED

Name of Individual Transitioning:

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Date of checklist visit:

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[illegible]

BQIS POST-TRANSITION QA CHECKLIST**BQIS POST-TRANSITION QUALITY ASSURANCE CHECKLIST**

Name of individual:	Names of BQIS/BDDS staff performing this checklist (print):			
New Residential Provider:	Signature of BQIS/BDDS Representative completing this form:			
Home Address & Phone #:	Date of visit for transition QA Checklist: _____			
Setting: SL <input type="checkbox"/> SGL <input type="checkbox"/> Other (describe below):	Check one: 7-day <input type="checkbox"/> 30-day <input type="checkbox"/> 60-day <input type="checkbox"/> 90-day <input type="checkbox"/> other <input type="checkbox"/> Name & phone # of Case Manager (SL) QMRP (SGL):			
Date resident moved into home:	Name & phone # of Residential Provider contact person:			
Previous Residential Provider/SOF:	Date of Individual Support Plan used for this checklist:			
<ul style="list-style-type: none"> • Prior to conducting the survey – check to see if any incidents have been reported; attach a copy of those incidents and follow up to this survey form. Note in question 45 if any incident reports do not have appropriate follow up submitted. • For the 7-day post-move visit, the existing ISP should still be in place regardless of type of placement setting. For the 30 day post-move visit, at a minimum, a meeting should be scheduled to review the existing ISP for Individuals moving into supported living setting, and an IPP should be in place for Individuals moving into group homes. All questions below are to be scored using the current support plan (supported living) or individual program plan (group home) for the resident: <p>“Yes” = compliance with plan “No” = not in compliance with plan “N/A” = not a need in plan</p>				
NOTE: All “No” responses must include a narrative explaining the deficit				
		Yes	No	NA
1	Personal belongings in the home and available to Individual?			
2	Home adaptations in place? (list adaptations per PCP/ISP)			
3	Is an emergency telephone list present?(N/A for Nursing Home Placement)			
4	Medical equipment present (ex: G-tube, C-pap, Oxygen)? (list equipment per PCP/ISP)			
5	Adaptive equipment present (mealtime equipment, communicative devices, braces etc.)? (list equipment per PCP/ISP)			
6	Home clean and hygienic?			

7	Safe storage of medications, cleaning supplies, knives and other potential hazards? (N/A for Nursing Home Placement)			
8	House, lot, yard, garage, walks, driveway, etc. free of environmental hazards? (N/A for Nursing Home Placement)			
9	Hot water no warmer than 110° Fahrenheit (or documentation of safeguards in place to ensure that the individual is not at risk for scalding)?(N/A for Nursing Home Placement)			
10	Support plan updated? (enter date/time ISP meeting held. If planned & not yet held, enter date planned) (N/A for Nursing Home Placement)			
11	Transportation needs met? (describe how transportation needs are being met) (N/A for Nursing Home Placement)			
12	Are all issues identified as “High Risk” addressed appropriately? (list individual risk issues)			
13	Day program needs met? (N/A for Nursing Home Placement)			
14	Other programs/training (other than day programs) relevant and functional? (N/A for Nursing Home Placement)			
15	Opportunities for leisure relevant and promote independence? (N/A for Nursing Home Placement)			
16	Opportunities for community experiences? (N/A for Nursing Home Placement)			
17	Activities of Daily Living documented? (N/A for Nursing Home Placement & SGL setting)			
18	Data collection processes in place and consistently completed? (N/A for Nursing Home Placement)			
19	If medications have been changed, is there documented justification for the changes? (list changes including dosages pre and post change. Include date of change)			
20	Medication administered and charted appropriately?(for Nursing Home placement, see guidelines)			
21	PRN Psychotropic medications reported and documented? (N/A for Nursing Home Placement)			
22	Adequate staff assigned and present? (describe staffing ratios)(N/A for Nursing Home Placement)			

23	Staff trained on Individual's medical needs including side effects of medications?			
24	Staff trained on Individual's dietary/nutritional needs?			
25	Staff trained on Individual's personal hygiene needs?			
26	Staff trained on Individual's mobility needs?			
27	Staff trained on programs for Individual's behavioral considerations and/or psychiatric needs/symptoms?			
28	Staff trained on Individual's communication needs?			
29	Personal Physician identified and appointment scheduled?(enter name, phone # & appointment date/time) <i>(N/A for Nursing Home Placement)</i>			
30	Personal Dentist identified, and if appropriate, appointment scheduled and kept? (enter name, phone # & appointment date/time) <i>(N/A for Nursing Home Placement)</i>			
31	Psychiatrist identified, and if appropriate, appointment scheduled and kept? (enter name, phone # & appointment date/time) <i>(N/A for Nursing Home Placement)</i>			
32	Neurologist identified, and if appropriate, appointment scheduled and kept? (enter name, phone # & appointment date/time) <i>(N/A for Nursing Home Placement)</i>			
33	Other Medical Specialist identified and if appropriate, appointment scheduled and kept? (enter specialty, name, phone # & appointment date/time. <i>(N/A for Nursing Home Placement)</i>			
34	Behavior Support provider identified and appointment scheduled and kept? (enter name, phone # & appointment date/time) <i>(N/A for Nursing Home Placement)</i>			
35	OT/PT provider identified and if appropriate, appointment scheduled and kept? (enter name, phone # & appointment date/time) <i>(N/A for Nursing Home Placement)</i>			
36	Speech Language Pathologist provider identified, and if appropriate, appointment scheduled and kept? (enter name, phone # & appointment date/time) <i>(N/A for Nursing Home Placement)</i>			
37	Dietician identified and if appropriate, appointment scheduled and kept? (enter name, phone # & appointment date/time) <i>(N/A for Nursing Home Placement)</i>			
38	Is the Individual adjusting to the home (i.e. - Is there a lack of any observed or reported problems such as poor eating, sleeping disturbance, depression, etc)?			

39	If there have been any recent illnesses, injuries or hospitalizations, were they adequately and appropriately documented in the Individual's personal file? (list illnesses with dates) (N/A for Nursing Home Placement)			
40	If there have been any recent illnesses, injuries or hospitalizations, did the Individual receive appropriate medical care including follow-up? (N/A for Nursing Home Placement)			
41	If there has been a change in home, provider or Case Mgr., has the change resulted in positive outcomes for the Individual? (N/A for Nursing Home Placement)			
42	Does interview &/or documentation indicate adequate involvement from the Case Manager, if on waiver? (N/A for Nursing Home or SGL Placement)			
43	Does a review of the documentation indicate that the BDDS Incident Reporting Policy is being followed? (If no – document dates and types of incident on this form and assure that the incident is filed per the BDDS Incident and file an incident regarding the non-reporting of the initial incident.) (N/A for Nursing Home Placement)			
44	Are all reported incidents resolved appropriately? (N/A for Nursing Home Placement)			
45	Are all needs (with emphasis on High-Risk needs) addressed at out-of-home habilitation service locations, including documentation of communication between the residential provider and providers at the out-of-home locations?			

Participants (with titles):

Notes:

CORRECTIVE ACTION RESPONSES FOR DEFICIENCIES NOTED

Name of Individual Transitioning:

Date of checklist visit:

Item #	Detailed explanation of deficit	Corrective Action Plan (includes specific actions planned; names of people contacted and dates/times of contact; targeted date for completion	Target Date for Action	Entity Responsible for Action	Date resolved	Resolution verified by:

Attachment D:
Residential Services and Supports Survey Materials

Bureau of Quality Improvement Services

Residential Services and Supports Survey

Individual whose Services are being Surveyed: _____ Social Security Number ____/____/____

Date(s) of Survey: Start ____/____/____ End ____/____/____ Time Spent (hrs:min): _____

(Prepare data in the ISP and Behavioral Support Plan Review sections prior to arrival at residence)

Address of Home: _____

Setting: ☐ Waiver 24/7 staffing ☐ Waiver less than 24/7 staffing ☐ Waiver residing with family ☐ State Line Item Only ☐ Foster Care Adult/Child

Guardian's Name and Address: _____

Check type of Waiver (if any): ☐ None ☐ Autism Waiver ☐ DD Waiver ☐ Support Services Waiver

Date of most recent Plan of Care: _____ Attach copy

Providers listed on Plan of Care/ISP:

Provider Name	Provider Contact Information	Services Authorized on Plan of Care/ICLB	Confirmed with CM?
_____	_____	_____	YES NO
_____	_____	_____	YES NO
_____	_____	_____	YES NO
_____	_____	_____	YES NO
_____	_____	_____	YES NO

BDDS Service Coordinator: _____ District # _____

Review Incident Report Database: Have any incidents been reported for this individual in the past year? ☐ yes ☐ no If yes, attach copy of each.

Review complaint database: Have any complaints been reported for this individual in the past year? ☐ yes ☐ no If yes, attach copy of each.

Review Targeted Case Manager 90 day reviews for past 12 months. Attach copy of each. Note any problems: _____

Lead Quality Coordinator _____ Second Quality Monitor/Coordinator _____
(Lead Quality Coordinator is responsible for determining corrective action, assuring completion of data entry, filing of incident reports and follow up scheduling of this report)

Upon arriving at the home, identify self as an Employee with the Bureau of Quality Improvement Services (provide ID card if requested) and state your purpose for visiting (i.e. to perform an annual provider survey for BQIS). The individual or legal representative has the right to refuse entry into the home.

Note any problems with being allowed into the home below, and notify supervisor before end of same business day. If no problems, enter “NA”.

Names & Positions of staff present:

(Name / position)	(Name / position)	(Name / position)
(Name / position)	(Name / position)	(Name / position)

Is home staffing correct at time of survey? (circle one)
(Inquire if all staff scheduled are present)

YESNO

Communication with Individual

Communicate with the individual whenever possible. If the individual is non-communicative, indicate the person acting as their respondent by checking the appropriate selection:

Self ☐ Family Member ☐ Guardian ☐ Paid Caregiver ☐

Other ☐ (specify relationship to individual)_____

INDIVIDUALIZED SUPPORT PLAN REVIEW

1. ISP current? IAC 7-4-5(1)(2)	Yes No	Note any concerns:
2. Has facilitator completed training by an approved BDDS PCP training entity? IAC 7-4-1(c)	Yes No N/A	Note any concerns:
3. Personal and Demographic Information completed? IAC 7-5-2	Yes No N/A	Note any concerns:
4. Emergency Contacts section completed? IAC 7-4-1	Yes No N/A	Note any concerns:
5. Person Centered Planning Profile available and indicates person centered planning process used? IAC 7-4-1	Yes No N/A	Note any concerns:
6. Desired Outcomes individualized and based on person centered planning process? IAC 7-5-5	Yes No N/A	Note any concerns:
7. Proposed activities/strategies individually developed and tie into Desired Outcome? IAC 7-5-5	Yes No N/A	Note any concerns:
8. Responsible party identified for each proposed activity/strategy? IAC 7-5-5(b)(5)	Yes No N/A	Note any concerns:
9. Time frame less than 12 months for each proposed activity/strategy? IAC 7-5-5(b)(6)	Yes No N/A	Note any concerns:
10. Statement of agreement signed and dated by individual/guardian? IAC 7-5-6	Yes No N/A	Note any concerns:
11. Support plan participants identified and provided copy of ISP? IAC 7-5-7 (a-d)	Yes No N/A	Note any concerns:

BEHAVIORAL SUPPORT PLAN REVIEW

Does individual have Behavioral Support services provider designated in ISP or have a Behavior Support plan? If NO, go to the "Individual Interview" section.			<u>YES</u> <u>NO</u>
If YES, review the following areas.			Confirmed by on-site suvey?
12. Does behavioral support plan define target behaviors? IAC 6-18-2 (b)	Yes No N/A	Note any concerns:	YES NO N/A
13. Is behavioral support plan based on functional analysis? IAC 6-18-2 (c)	Yes No N/A	Note any concerns:	YES NO N/A
14. Does behavioral support plan include written guidelines for teaching functional and useful replacement behaviors? IAC 6-18-2 (d)	Yes No N/A	Note any concerns:	YES NO N/A
15. Does behavioral support plan use nonaversive methods for teaching functional and useful replacement behaviors? IAC 6-18-2 (e)	Yes No N/A	Note any concerns:	YES NO N/A
16. Does behavioral support plan conform to ISP, including needs and outcomes identified in the ISP and ISP's specifications for behavioral support services? IAC 6-18-2 (f)	Yes No N/A	Note any concerns:	YES NO N/A
17. Does behavioral support plan include documentation system for direct care staff that includes all elements? IAC 6-18-2 (h)	Yes No N/A	Note any concerns:	YES NO N/A
18. Does behavioral support plan include assessing the use of medication and the appropriateness of a medication reduction plan or documentation that a reduction plan was implemented within the past 5 years and not effective? IAC 6-18-2 (i)	Yes No N/A	Note any concerns:	YES NO N/A
19. Documentation that behavior support plan is reviewed regularly by the support team? IAC 6-18-2 (j) (6)	Yes No N/A	Note any concerns:	YES NO N/A

BEHAVIORAL SUPPORT PLAN REVIEW (restrictive procedures)

Does Behavior Support Plan include any highly restrictive procedures? If NO, go to the "Individual Interview" section.			YES NO
If YES, does the plan contain the following:			Confirmed by on-site survey?
20. A functional analysis of targeted behavior for which highly restricted procedure is designed? IAC 6-18-2 (j) (1)	Yes No N/A	Note any concerns:	YES NO N/A
21. Documentation that risks of targeted behavior have been weighed against risks of highly restrictive procedure? IAC 6-18-2 (j) (2)	Yes No N/A	Note any concerns:	YES NO N/A
22. Documentation that systemic efforts to replace targeted behavior with an adaptive skill were used and were not effective? IAC 6-18-2 (j) (3)	Yes No N/A	Note any concerns:	YES NO N/A
23. Documentation that the individual, the support team, and the applicable human rights committee agree that the use of highly restrictive method is required to prevent significant harm to the individual or others? IAC 6-18-2 (j) (4)	Yes No N/A	Note any concerns:	YES NO N/A
24. Informed consent from the individual or legal representative? IAC 6-18-2 (j) (5)	Yes No N/A	Note any concerns:	YES NO N/A

INDIVIDUAL INTERVIEW SECTION

Individual Rights/Respect IAC 6-8-2, IAC 6-8-3, IAC 6-9-3

25. Do staff treat you with respect and ask you what you want when appropriate? (6-8-2), (6-8-3)	Yes No N/A	Note any concerns:
26. Are you given choices on activities, including when you would like to go places? (6-8-2), (6-8-3)	Yes No N/A	Note any concerns:
27. Do you have access to your personal possessions when staff is present? (6-8-2), (6-8-3)	Yes No N/A	Note any concerns:
28. Do you have enough privacy in your bedroom and bathroom when staff is present? (6-8-2), (6-8-3)	Yes No N/A	Note any concerns:
29. (ONLY TO BE ANSWERED BY INDIVIDUAL OR LEGAL REPRESENTATIVE) Are you satisfied with how your money is handled? Are financial issues being taken care of? Do you receive copies of the balanced checkbook monthly? (6-8-3)	Yes No N/A	Note any concerns:
30. This question is not to be asked in the presence of provider (ONLY TO BE ANSWERED BY INDIVIDUAL OR LEGAL REPRESENTATIVE) Are you satisfied with your providers? Do the people who help you treat you the way you want to be treated? (6-8-2), (6-8-3)	Yes No N/A	Note any concerns:
31. This question is not to be asked in presence of TCM: (ONLY TO BE ANSWERED BY INDIVIDUAL OR LEGAL REPRESENTATIVE) Are you satisfied with your case manager? Are all things being done the way you feel they should? (6-19-6)	Yes No N/A	Note any concerns:
32. "Do you know who your Targeted Case Manager is? What is their name?" (6-19-6)	Yes No N/A	If yes, name of TCM given by individual/respondent; otherwise enter "N/A"
33. "Has your Targeted Case Manager visited with you in the past 90 days?"(Can rephrase as "when did you last see your Targeted Case Manager?" Issue is - have they seen this person recently?) (6-19-6)	Yes No N/A	Confirm documentation of TCM presence in home and note. If documentation present, describe. If not present, note:

Individual Rights/Respect IAC 6-8-2, IAC 6-8-3, IAC 6-9-3

NOTE: For the safety items, if the individual is non-communicative, make a note to that effect and mark “N/A”. (Caretaker will be questioned later in the survey regarding these safety issues.)		Was response satisfactory?
34. “What do you do if there is a fire?” (6-29-6)	Document response:	YES NO N/A
35. “What do you do if there is a tornado warning?” (6-29-6)	Document response:	YES NO N/A
36. “What do you do if you smell gas?” (6-29-6)	Document response:	YES NO N/A
37. “What plans or activities does the staff help you with?” (6-24-1 & 2)	List activities provided in response: <ul style="list-style-type: none"> • • • • • • • • 	Did reply match satisfactorily with ISP and records? If not, list differences / concerns: YES NO N/A

HEALTH CARE COORDINATION, by Provider

Is there a provider identified as responsible for Health Care Coordination in the ISP? NOTE: IF INDIVIDUAL OR FAMILY MEMBER IS RESPONSIBLE FOR HCC, THEN GO TO “HEALTH CARE COORDINATION, Non-Provider” (6-25-1)		<u>YES</u> <u>NO</u>	Who is responsible for HCC? ("Self", or name of family-member / provider)
38. "Do you have medical records or documentation pertaining to your medical treatment?" (6-17-3; 6-25-3)	YES – records are available NO – records unavailable N/A – no medical treatments	List all concerns:	
39. If YES, "May I look at them?" (6-17-3; 6-25-3)	YES – may see records NO – may not see records N/A – no records available	List all concerns:	
40. "Did you receive adequate, immediate treatment for any medical emergencies in the past year?" (6-25-3)	YES – had correct ER treatment NO – ER treatment NOT correct N/A – no medical emergencies	List all concerns:	
41. If YES, "Did you receive proper follow-up care?" (confirm by reviewing documentation) (6-25-3)	YES – had proper follow-up NO – did not receive needed follow-up N/A – no ER treatment	List all concerns:	
42. "Did you have a physical exam in the past year?" (6-25-2)	YES NO N/A	List all concerns:	
43. "Did you have a dental exam in the past year?" (6-25-2)	YES NO N/A	List all concerns:	
44. "Are all your medical conditions monitored and followed up as recommended or prescribed by your physician?" (6-25-3)	YES NO N/A	List all concerns:	
45. "Do you take medication?" (6-25-3 & 4)	YES NO N/A	List all concerns:	Agrees with ISP? Yes No N/A
46. If YES, "Do you give yourself the medication, or does someone else give it to you?" (6-25-3 & 4)	SELF – self-medicates OTHER – someone else administers N/A – no medication	List all concerns:	Agrees with ISP? Yes No N/A
47. If someone else administers medication, is there documentation for the date/time given with initials by the person who administered it, and is it problem free, i.e. no blank spaces, no errors etc? (review documentation) (6-25-4)	YES – documentation in order NO – problems with documentation N/A – self-administer or no meds	List all concerns:	
48. "What medications do you take?" (Does response match with information obtained from medication sheets?) (6-25-3 & 4)	YES NO N/A	LIST ALL MEDICATIONS:	

HEALTH CARE COORDINATION, by Provider (seizures)

Do you have a history of seizures? If NO, go to "Safety and Environmental" section.	<u>YES</u> <u>NO</u>	List any concerns:
49. Do you take medication to control your seizures? (6-25-3 & 4)	YES NO N/A	
50. Do you have a seizure disorder / epilepsy diagnosis? (6-25-3 & 4)	YES NO N/A	
Does seizure management system include the following elements? (6-25-7)		
51. Staff training on medication administration?	YES NO N/A	
52. Documentation of events immediately preceding, during, and following a seizure?	YES NO N/A	
53. Documentation of physician follow-up and follow along services?	YES NO N/A	
54. Individual's level of seizure medication checked annually or as ordered by physician?	YES NO N/A	
55. Information on seizures provided to all providers?	YES NO N/A	

HEALTH CARE COORDINATION, Non-Provider (Individual or Family-Member)

56. IF INDIVIDUAL/FAMILY MEMBER IS RESPONSIBLE FOR HEALTH CARE COORDINATION: Are you satisfied with how your health care needs are being met and feel that you receive sufficient support? If no, what concerns do you have and have you discussed these with your case manager?	YES NO N/A	Note response:
--	------------------	----------------

Safety and Environmental Requirements

Request permission from individual before touring the residence. Best practice is the individual providing a tour of the home to assess the environment for health and safety issues.

Use these guidelines to review the interior and exterior of the home:

- ◆ Cleanliness of area related to risk of infection/disease
- ◆ Adequate heating and cooling
- ◆ Furnishings meet the needs of the individuals
- ◆ Minimal use of extension cords
- ◆ No frayed cords; empty light sockets, burned out or bare lightbulbs
- ◆ General maintenance – home is in good condition – holes patched, etc.
- ◆ Free from foul odors, insects and rodents;
- ◆ Cleaning and food items are stored properly
- ◆ Appliances and fixtures in working order
- ◆ No exposed wiring – including absence of outlet covers
- ◆ No window coverings that pose a danger to the individual (ex - cords from blinds that hang on the bed)

SAFETY & ENVIRONMENT, by Provider

Is there a provider designated as responsible for providing environmental and living arrangement support in the ISP? NOTE: IF THIS IS THE INDIVIDUAL OR FAMILY MEMBER, GO TO THE “Safety & Environment, Non-Provider” section. (6-29-1)	<u>YES</u> <u>NO</u>	Who is the responsible party? (“Self”, or name of family-member / provider)
Review each of the following items		For any “NO” answers, describe specific issues and provide specific details as to why there is a cause for concern.
57. Is this home’s interior and exterior free of any health and safety concerns (real risks for injury, infection, disease, etc.)? <div style="text-align: right;">(6-29-2)</div>	YES NO N/A	
58. Are all areas of the home accessible to the individual with unlimited access? <div style="text-align: right;">(6-8-2)</div>	YES NO N/A	
59. Are emergency numbers available for the police, fire and ambulance (911), the individual’s legal representatives, the local BDDS office, the individual’s case manager, adult protective services, and the DD waiver ombudsman in an area visible from the telephone used by individual or as indicated in ISP? <div style="text-align: right;">(6-29-8)</div>	YES NO N/A	

60. Is the food present congruent with the individual's diet needs as indicated in ISP? Ask permission before looking in cabinets. (i.e. –is there food appropriate for a diabetic diet if necessary, soft foods for a person without teeth, etc.) (6-26-1)	YES NO	
61. Are all medications stored separately, locked, and according to medication requirements (i.e. – refrigerated if necessary) and dispensed from the original container or as indicated in the ISP? (6-25-4)	YES NO	
62. Is all adaptive equipment as indicated in the ISP or other documentation available and meeting the needs of the individual? (glasses, hearing aids, communication devices, mobility aides, eating utensils, etc. – are they working properly and does the individual and/or staff know how to utilize them?) (6-32-2)	YES NO	
63. Is there a working smoke alarm (one that meets the individual's needs i.e. – visual alarm for individuals who are deaf, etc.) located in areas considered appropriate by local fire marshal. (6-29-4) NOTE: Test the alarm/s after asking permission to do so. Only the individual or family can deny permission.	YES NO	
64. Is there a fire extinguisher in the home that appears to be in working order and is checked annually? (6-29-4)	YES NO	
65. Is tap/bath water maximum temperature 110 degrees Fahrenheit or less if noted as a need in the ISP? (6-29-4)	YES NO	

SAFETY & ENVIRONMENT, Non-Provider (Individual or Family-Member)

66. If individual/family member is responsible for environmental and living arrangement supports, "Are all Health and Safety issues in the home being handled satisfactorily?"	YES NO N/A	Note any concerns:	
67. "Are all of the environmental or living arrangement supports sufficiently provided for, and are all of your concerns are being met?"	YES NO N/A	Note response:	
68. Is there a current ISP in the home (less than 12 months old)?	YES NO N/A	Date of Plan:	

Review of Documentation - ISP

69. Is it identical to ISP reviewed before survey?				YES NO N/A			Date of Plan:	
Check-off any areas that the Individualized Support Plan identifies a need for: (#70 – #86 below IAC 7-5-8)	If checked, does documentation confirm all supports in place?		If not checked, does documentation confirm that there is no need?		Describe all “NO” responses from 2 nd or 3 rd columns			
70. <input type="checkbox"/> Seizure management	YES	NO	N/A	YES	NO	N/A		
71. <input type="checkbox"/> Allergies	YES	NO	N/A	YES	NO	N/A		
72. <input type="checkbox"/> Uses or Requires Dentures	YES	NO	N/A	YES	NO	N/A		
73. <input type="checkbox"/> Chewing difficulties	YES	NO	N/A	YES	NO	N/A		
74. <input type="checkbox"/> Swallowing difficulties	YES	NO	N/A	YES	NO	N/A		
75. <input type="checkbox"/> Dining difficulties	YES	NO	N/A	YES	NO	N/A		
76. <input type="checkbox"/> Vision difficulties	YES	NO	N/A	YES	NO	N/A		
77. <input type="checkbox"/> Hearing difficulties	YES	NO	N/A	YES	NO	N/A		
78. <input type="checkbox"/> Speaking difficulties – mode of communication	YES	NO	N/A	YES	NO	N/A		
79. <input type="checkbox"/> Behavior issues	YES	NO	N/A	YES	NO	N/A		
80. <input type="checkbox"/> Issues discovered through incident reporting	YES	NO	N/A	YES	NO	N/A		
81. <input type="checkbox"/> Medication/self-medication issues	YES	NO	N/A	YES	NO	N/A		
82. <input type="checkbox"/> Lab testing	YES	NO	N/A	YES	NO	N/A		
83. <input type="checkbox"/> Chronic conditions	YES	NO	N/A	YES	NO	N/A		
84. <input type="checkbox"/> Water Temperature Safety	YES	NO	N/A	YES	NO	N/A		
85. <input type="checkbox"/> Dentist	YES	NO	N/A	YES	NO	N/A		
86. <input type="checkbox"/> Specialists	YES	NO	N/A	YES	NO	N/A		

Review of Documentation – POC, Assessment, etc.

Check-off any areas where other documents (POC, assessment, etc.) identify a need of: (6-17-3)	If checked, Documentation confirms all supports in place?	Describe any “NO” response in “Documentation confirms all supports in place?” column:
87. <input type="checkbox"/> Health Care Coordination	YES NO N/A	
88. <input type="checkbox"/> Specialist	YES NO N/A	
89. <input type="checkbox"/> Adaptive equipment	YES NO N/A	

90. Does the individual’s personal file contain, for the last 60 days, all documentation for: <ul style="list-style-type: none"> Any medication administration Any seizure management Any health-related incident management Any nutritional counseling Any behavior support services Goals from the ISP (6-17-3)	YES NO N/A	Note any concerns:
91. Is the documentation and environment free of any evidence that a reportable incident may not have been reported? (6-9-5)	YES NO N/A	Incident report stating “<u>The following reportable items were seen during a BOIS Survey</u>” required for all “NO” answers. Provide the details of the reportable incident both here and in Incident Report:
92. Is there documentation of ISP outcomes and progress made toward achieving those outcomes present? (6-17-3)	YES NO N/A	Note any concerns:

Staff Interview Section

		Record specifics of staff response. "YES" marked only for competent, correct responses:	Note any concerns:
93. "Do you know what universal precautions are? Please tell me how you utilize them on the job". (i.e. – what steps do you take if you need to clean up blood)? (6-14-4)	YES NO N/A		
94. "Are you familiar with the signs and symptoms of seizure activity, including any aura prior to a seizure? What are they?" (6-14-4)	YES NO N/A		
95. "How would you document a seizure?" Ask specifically and view the documentation to assure that documentation includes activity before, during and after the seizure. (6-25-7)	YES NO N/A		
96. "Do you know the individual's diet needs, including how to prepare their food? Please tell me about the individual's diet needs." (6-14-4)	YES NO N/A		
97. "Do you know how to report an incident per the BDDS incident reporting procedure?" (Includes knowing the types of reportable incidents and knowledge that they have the ability to independently report incidents to APS/CPS.) (6-9-5)	YES NO N/A		
98. "Are you aware of possible side effects of the individual's medication? What are they?" NOTE: "N/A" only if not on medications (6-25-6)	YES NO N/A		
99. "Have you been trained in the individual's behavior management plan? What are the targeted behaviors and interventions used?" NOTE: "N/A" only if no behavior plan in the ISP (6-14-4; 6-18-2)	YES NO N/A		
100. "If manual restraints are used, have you had training in non-injurious aggression management techniques?" NOTE: "N/A" only if no manual restraints used and none in ISP. (6-18-2)	YES NO N/A		

Staff Interview Section

NOTE: Response is not competent if the staff indicates they would phone for emergency assistance prior to leaving the home for fire or smelling gas. Staff should be able to state how to exit/take shelter, along with precautions to take and whom to contact.		Competent Response?
101. "What do you do if there is a fire?" (6-14-4)	Document response:	YES NO N/A
102. "What do you do if there is a tornado warning?" (6-14-4)	Document response:	YES NO N/A
103. "What do you do if you smell gas?" (6-14-4)	Document response:	YES NO N/A

Questions in this section are addressed to and should be answered by the BQIS staff person performing this survey:		
104. Is this visit and survey free of any observed or evidence of abuse, neglect or exploitation?	YES NO N/A	If "NO", file an incident report. Make decision on need to implement the BQIS IMINENT DANGER POLICY based on facts. Contact supervisor and provide update on filing of incident report, any other policy implementation, and get consensus on appropriate immediate action. Summarize findings and actions taken:
105. Is this visit and survey free of any observed health or safety concerns for this individual not documented in the questions listed above that DO NOT meet the BDDS Incident Reporting criteria? (not serious enough to require an incident report or implementation of imminent danger policy)	YES NO N/A	If "NO", describe in detail:

Survey summary – Corrective Action plans vs. concerns needing attention

For each item in survey identified with a concern, indicate appropriate action needed by service provider in tables below

Survey items requiring follow-up by BQIS		
Item #	Brief description of concern & recommended method of confirming compliance (ex. re-visit home; receipt of verification documents; etc)	provider

Survey items requiring informal attention by provider		
Item #	Brief description of concern	provider

Surveyor signature

“I attest that this survey is an accurate account of findings based on my observations on the date and time indicated”

Lead Surveyor; _____
 Signature Title Date Signed

For additional notes, attach sheets/documents as necessary

Attachment E:
Sentinel Incident Reports

For Use in Reporting all SGL Circumstances Listed in 431 IAC 1.1-3-1 (b)
and all Circumstances Listed as Reportable in BDDS Policy and Procedures.

SECTION I - CONSUMER INFORMATION (Subject # 1)

SSN: _____		NAME		LAST: _____	FIRST: _____
ADDRESS _____		CITY _____		ST _____	ZIP _____
DOB _____		COUNTY _____		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
SERVICE TYPE <input type="checkbox"/> SGL <input type="checkbox"/> HHA <input type="checkbox"/> HAB./VOC. <input type="checkbox"/> DD WAIVER <input type="checkbox"/> AUTISM WAIVER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> SCHOOL <input type="checkbox"/> SL <input type="checkbox"/> HHC <input type="checkbox"/> LP-ICF/MR <input type="checkbox"/> A&D WAIVER <input type="checkbox"/> OTHER WAIVER <input type="checkbox"/> CASE MGMT. <input type="checkbox"/> SDC					

SECTION II - ASSOCIATED PERSON (Subject # 2)

SSN (Optional): _____		NAME		LAST: _____	FIRST: _____
ADDRESS _____		CITY _____		ST _____	ZIP _____
DOB _____		EMPLOYER _____		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
RELATIONSHIP TO SUBJECT <input type="checkbox"/> ACQUAINTANCE <input type="checkbox"/> EMPLOYER <input type="checkbox"/> STRANGER <input type="checkbox"/> CLIENT, OTHER <input type="checkbox"/> FAMILY-GUARDIAN <input type="checkbox"/> STAFF, HAB/VOC <input type="checkbox"/> OTHER <input type="checkbox"/> CO-WORKER <input type="checkbox"/> HOUSEMATE <input type="checkbox"/> STAFF, RESIDENTIAL					

SECTION III - REPORTING PERSON - REPORTING AGENCY

NAME	LAST: _____	FIRST: _____	POSITION: _____	PHONE #: _____	EXTENSION: _____
DATE OF REPORT: _____		REPORTING AGENCY: _____		E-MAIL OF REPORTING AGENCY: _____	
INDIVIDUAL SUPERVISING AT TIME OF INCIDENT: _____			RESPONSIBLE SUPERVISORY PROVIDER: _____		

SECTION IV - INCIDENT INFORMATION

INCIDENT	DATE: _____	TIME: _____	SEVERITY OF CONDITION? <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE		
WHERE OCCURRED? <input type="checkbox"/> COMMUNITY <input type="checkbox"/> COMMUNITY JOB <input type="checkbox"/> COMMUNITY HAB. <input type="checkbox"/> FAC. HAB. ADL <input type="checkbox"/> WORKSHOP <input type="checkbox"/> HOME, OWN <input type="checkbox"/> HOME, FAMILY <input type="checkbox"/> SGL <input type="checkbox"/> SDC <input type="checkbox"/> HHA <input type="checkbox"/> HHC <input type="checkbox"/> NF <input type="checkbox"/> HOSPITAL <input type="checkbox"/> LP-ICF/MR <input type="checkbox"/> OTHER (Explain) <input type="checkbox"/> SCHOOL					

INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:

APS/CPS? <input type="checkbox"/> YES <input type="checkbox"/> N/A	LEGAL GUARDIAN? <input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME _____	DATE _____
RES. PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> N/A	BDDS SC? (REQUIRED) <input type="checkbox"/> YES	NAME _____	DATE _____
HAB/VOC PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> N/A	CASE MANAGER? <input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME _____	DATE _____
POLICE? <input type="checkbox"/> YES <input type="checkbox"/> N/A		DATE _____	

THIS SECTION FOR BDDS CENTRAL OFFICE USE ONLY

DATE RECEIVED BY BDDS _____

ID# _____**7-DAY FOLLOW-UP REQUIRED?** ☐**INDICATE WHO COMPLETES THE FOLLOW-UP:**Residential / Habilitation / Vocational Provider ☐BDDS S. Coordinator ☐ Case Manager ☐

All Action Completed on: _____

Attachment F:
Comparative Analysis of Residents

Comparative Analysis of MSDC Placements and MSDC Current Residents

Census 05/01/01	=	279
Census 01/19/04	=	121
Number of people placed	=	146
Number of people returned to MSDC	=	3
Number of people returned to community	=	1
Number of deaths at MSDC	=	15

Characteristics:

Level of Mental Retardation
 Dual Diagnosis
 Seizure Disorder
 Mobility/Ambulatory Needs
 Adaptive Equipment
 Medically Fragile

People Placed

Mild MR	7%
Moderate MR	11%
Severe MR	22%
Profound MR	60%

Dually Diagnosed	71%
Seizure Disorder	44%
Ambulatory Needs	49%
Adaptive Equipment	87%
Medically Fragile	10%

MSDC Current Residents

Mild MR	5%
Moderate MR	6%
Severe MR	10%
Profound MR	79%

Dually Diagnosed	61%
Seizure Disorder	47%
Ambulatory Needs	63%
Adaptive Equipment	87%
Medically Fragile	30%

Attachment G:

Economic Impact Study Executive Summary

Jennings County, Indiana:
Regional Economic Impact Analysis
of the Closure of the Muscatatuck State
Developmental Center and Regal Rugs, Inc.



October 1, 2003



Jennings County, Indiana
Regional Economic Impact Analysis of the Closure of the
Muscatatuck State Developmental Center and Regal Rugs, Inc.

October 1, 2003

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Introduction

Background

In April 2001, the State of Indiana made the formal announcement that the Muscatatuck State Developmental Center (MSDC), located in Jennings County, Indiana, would close around June 2005. Additionally, another large Jennings County employer, Regal Rugs, Inc., announced its impending closure, displacing another 300 employees. With the closure of two of the County's largest employers looming, community leaders and economic development professionals began a proactive process of planning for a post-MSDC Jennings County. Part of that planning was securing grant money from the State of Indiana and the United States Department of Commerce to conduct a Comprehensive Economic Development Strategy (CEDS). The CEDS document will provide a roadmap for Jennings County's economic development (ED) efforts by identifying priorities and providing a measurement of the effectiveness of future ED initiatives. During this ED planning process, the Indiana General Assembly passed, and then-Governor O'Bannon signed, Senate Bill 217, requiring certain steps be taken to properly ensure the welfare of MSDC clients, employees and community residents during the transfer and closure process. The following economic impact analysis fulfills one of the SB217 requirements.

Methodology

In order to develop a measure of economic impact, several factors must be taken into account. Direct impacts are those wages and expenditures paid to individuals and businesses in a specific region. Once a company or entity makes an expenditure, that money is then re-circulated in the economy. That re-spending of money constitutes the secondary (then tertiary, etc.) impacts within the economy under examination. From MSDC financial and personnel records, Crowe Chizek obtained information for direct impacts. Additionally, Crowe Chizek obtained direct impact data for Regal Rugs, Inc. by interviewing the former plant controller who is now employed as the Jennings County Auditor.

Secondary economic impacts are measured by the RIMS II input-output modeling system, designed by the United States Department of Commerce – Bureau of Economic Analysis. Upon examining MSDC employment records, Crowe Chizek determined the top five counties where MSDC employees resided on December 31, 2001. Those counties were (in order of magnitude): Jennings (793 employees), Jefferson (116 employees), Ripley (104 employees), Jackson (35 employees) and Bartholomew (26 employees). Jennings County employees make up 74% of the top five employment counties and 69% of the total facility employment, as of December 31, 2001.

The RIMS II model measures the change in three main economic components – final demand output, final demand earnings and final demand employment. Final demand output measures the change in output for all industries within a region for every \$1 change in final demand for the industry in question (households, health services for MSDC and rugs and carpets for Regal). Final demand earnings indicate a change in earnings for all industries in a region due to a \$1 change in final demand for the industry in question. The final demand employment statistic reflects the change in employment for all industries for every \$1 million change in final demand for the industry in question.

The total economic impact is calculated by the combination of the output and earnings totals. The total economic impact represents a worse case scenario assuming that those employed at the closed facilities do not find comparable employment.

Regional Income Analysis

The historical income capacity of a region (baseline income) should be determined before assessing the economic impacts of a critical event or set of events on a place or region. The baseline income capacity will be compared against the impact of the event and its secondary and tertiary (spillover) effects. As previously discussed, the region under consideration is a five-county area ringing the MSDC and Regal Rugs facilities (Bartholomew, Jackson, Jefferson, Jennings and Ripley Counties). County-level income data are only available up until calendar year 2001. Although not current with respect to today's date, this data proves useful since MSDC and Regal Rugs employment and expense data is reported as of December 31, 2001. This parallel in the data make for an ability to create impact comparison scenarios.

Baseline Income

Over the five-year period, 1997-2001, total Indiana personal income rose 20.91%, from \$139.5 billion to \$168.6 billion. The five-county region personal income went from \$4.35 billion to \$5.23 billion, an increase of 20.25%. Exhibit 1 shows the statewide, regional and county-level personal income five-year percentage changes.

Exhibit 1
MSDC and Regal Rugs Economic Region
Five-Year Personal Income Percentage Change (1997-2001)

Indiana	20.91%
Region	20.25%
Bartholomew	17.78%
Jackson	21.17%
Jefferson	23.00%
Jennings	14.55%
Ripley	29.21%

Source: Bureau of Economic Analysis

County-level income had a percentage increase range of 14.55% (Jennings) to 29.21% (Ripley). In terms of the largest aggregate dollar income, Bartholomew County constituted 41.55% of the total regional income (\$2.17 billion in 2001), and Jennings County had the smallest 2001 percentage allocation of total regional income at 11.41% (\$596 million).

Total MSDC salaries and wages paid for the five-county area totaled \$25.04 million in 2001. This is 69.29% of the \$36,140,931 in salaries and wages paid to employees in 2001. Total Regal Rugs salaries and wages for 2001 are estimated at \$5,400,000, with 100 percent of the employees coming from the five-county region. Total 2001 salary and wage income from MSDC and Regal Rugs was \$30,440,000, or 0.58% of all personal income in the five-county region in 2001. The impact jumps to 3.61% of total personal income when Jennings County is the only unit of analysis.

Even though there is a 522 percent increase between the five county impact and the impact on Jennings County (0.58% to 3.61%), this amount does seem quite small. The 3.61% direct income impact on Jennings

County is equal to \$21.5 million. Exhibit 2 shows the impact of a 3.61% reduction in personal income on Jennings County, as well as the State's three most populous counties – Allen, Lake and Marion.

Exhibit 2
MSDC and Regal Rugs Economic Region
3.61% 2001 Personal Income Dollar Impact

Jennings County	\$21,500,000
Allen County	\$354,000,000
Lake County	\$482,600,000
Marion County	\$975,800,000
Source: Bureau of Economic Analysis	

As can be taken from the above exhibit, a 3.61% reduction in personal income for Jennings County may only total \$21,500,000, but the same percentage amount applied to the state's three largest counties results in an income loss of between \$354 million and \$976 million.

Muscatatuck State Developmental Center Economic Impacts

Direct Economic Impacts

From data provided by MSDC staff, December 31, 2001 employment at the hospital and ancillary units was approximately 1,148 employees. These MSDC employees come from many of the counties across southeastern Indiana, but stretch into central and southwestern parts of the state, as well as into Kentucky. Exhibit 1 shows the breakdown of MSDC employees.

Exhibit 2
Muscatatuck State Developmental Center
December 31, 2001 Total Employment

<u>County</u>	<u>Employees</u>
Jennings	794
Jefferson	116
Ripley	104
Jackson	35
Bartholomew	26
Other	73
Total	1,148

Source: MSDC Personnel Department

As discussed in the previous section, total wages and salaries paid to the 1,075 MSDC employees living in the five-county region totaled \$25.04 million in calendar year 2001. Those employees and their household members on various goods and services then spend this money across the region. The spending and re-spending of this income generates secondary and tertiary impacts, creating a cyclical system of economic interdependence. When there is a disruption in this system, there is a ripple effect that affects more than just the income generators who lose their jobs. The following sections discuss those impacts, additional to the \$25.04 million in paychecks issued to MSDC employees in 2001. This loss of purchasing power is captured in the household measure statistic within the RIMS II model system.

Secondary Economic Impacts

Total Output Loss in Five- County Area	\$41,790,000
Total Earnings Loss in Five-County Area	<u>\$13,550,000</u>
Total Secondary Economic Loss to Five- County Area	\$55,340,000
Total Secondary Employment Loss in Five-County Area	474

OUTPUT: This statistic measures the impact on other industries when a change in demand for the subject industry occurs, in this case the MSDC facility. The \$25.04 million in salaries and wages paid in 2001 created an economic impact of \$16.72 million (multiplier effect of 0.6677). Additionally, the State of Indiana expended \$12.21 million in contracted services (expressed as nursing and medical care for MSDC residents) and incurred \$4.84 in operating expenses. Due to the intensive nature of this type of contracted professional service, 100% of the contract employees are assumed to be from the five-county area. The output impact from the contracted services and facility expenditures was \$25.07 million (multiplier effect of 1.4732). **The combined effect of MSDC on other industries in the five-county area totals \$41.79 million, meaning for every \$1 not spent by**

MSDC, as of December 31, 2001, total demand for goods and services for the five-county region decreases by close to \$0.99.

EARNINGS: Similar to output, but taking into consideration the cost of production in the local economy, the earnings statistic will, in most circumstances, be less than the output multiplier to account for costs associated with providing those secondary goods and services. The \$25.04 million in salaries and wages paid in 2001 created a secondary earnings impact of \$4.34 million (multiplier effect of 0.1732). The earnings impact from the contracted services and facility expenditures was \$9.21 million (multiplier effect of 0.5412). **The combined effect of MSDC on other industry earnings in the five-county area totals \$13.55 million, meaning for every \$1 not spent by MSDC, as of December 31, 2001, industry earnings in the five-county region decrease close to \$0.32.**

EMPLOYMENT: The employment measurement is easier to understand and arguably is the most important aspect of input-output modeling. The salary and wage income from MSDC employees created an additional 190 jobs in the five-county region and the contractor and other facility expenditures created an additional 284 jobs. **The total secondary employment impact for the MSDC facility is estimated to be approximately 474 full-time equivalent positions within the five-county region.**

Regal Rugs, Inc. Economic Impacts

Direct Economic Impacts

From data provided by former-Regal Rugs financial staff, December 31, 2001 employment at the factory totaled approximately 300 full-time equivalents. Of these 300 employees, 100 percent are estimated to have come from the five-county region. Total payroll for the facility as of December 31, 2001, was estimated at \$5.4 million. Total material costs for the same period were approximately \$11 million, with an estimated \$6.6 million being spent in the five-county region and the balance coming from other parts of the United States.¹

Secondary Economic Impacts

Total Output Lost in Five- County Area	\$11,680,000
Total Earnings Lost in Five-County Area	<u>\$ 2,090,000</u>
Total Secondary Economic Loss to Five- County Area	\$13,770,000
Total Secondary Employment Loss in Five-County Area	87

OUTPUT: This statistic measures the impact on other industries when a change in demand for the subject industry occurs, in this case Regal Rugs. The \$5.4 million in salaries and wages paid in 2001 created an economic impact of \$3.61 million (multiplier effect of 0.6677). Additionally, Regal expended \$6.6 million on goods and services in 2001. The demand output impact from Regal business spending was \$8.07 million (multiplier effect of 1.2231). **The combined effect of Regal Rugs on other industries in the five-county area totals \$11.68 million, meaning for every \$1 not spent by Regal, as of December 31, 2001, total demand for goods and services for the five-county region decreases by over \$0.97.**

EARNINGS: Similar to output, but taking into consideration the cost of production for the affected industries, the earnings statistic will, in most circumstances, be less than the output multiplier to account for costs associated with providing those secondary goods and services. The \$5.4 million in salaries and wages paid in 2001 created a secondary earnings impact of \$935,280 (multiplier effect of 0.1732). **The earnings impact from the business spending was \$1.16 million (multiplier effect of 0.1764). The combined effect of Regal Rugs on other industry earnings in the five-county area totals \$2.09 million, meaning for every \$1 not spent by Regal, as of December 31, 2001, industry earnings in the five-county region decrease by over \$0.17.**

EMPLOYMENT: The employment measurement is easier to understand and arguably is the most important aspect of input-output modeling. The salary and wage income from Regal Rugs employees created an additional 41 jobs in the five-county region and the facility expenditures created an additional 46 jobs. **The total secondary employment impact for the Regal Rugs facility is estimated to be approximately 87 full-time equivalent positions within the five-county region.**

¹ Former Regal Rugs, Inc. financial staff.

Muscatatuck State Developmental Center and Regal Rugs, Inc. Combined Economic Impacts

Direct Economic Impacts

Combined MSDC and Regal Rugs employment for December 31, 2001 totaled approximately 1,375 full-time equivalents. Total salaries and wages paid to employees of these facilities was \$30.44 million. Total material, contractual and facility expenses for the same period were approximately \$23.62 million.

Secondary Economic Impacts

Total Output Lost in Five- County Area	\$53,470,000
Total Earnings Lost in Five-County Area	<u>\$15,650,000</u>
Total Secondary Economic Loss to Five- County Area	\$69,120,000
Total Secondary Employment Loss in Five-County Area	561

OUTPUT: This statistic measures the impact on other industries when a change in demand for the subject industry occurs. The \$30.44 million in salaries and wages paid in 2001 created an economic impact of \$20.33 million (multiplier effect of 0.6677). Additionally, MSDC and Regal operating expenses generated a demand output impact of \$33.14 million (multiplier effects of 1.4732 for MSDC and 1.2231 for Regal). **The combined effects of MSDC and Regal Rugs on other industries in the five-county area totals \$53.47 million, meaning for every \$1 not spent, as of December 31, 2001, total demand for goods and services for the five-county region decreases by close to over \$0.99.**

EARNINGS: Similar to output, but taking into consideration the cost of production for the affected industries, the earnings statistic will, in most circumstances, be less than the output multiplier to account for costs associated with providing those secondary goods and services. The \$30.44 million in salaries and wages paid in 2001 created a secondary earnings impact of \$5.27 million (multiplier effect of 0.1732). The earnings impact from the business spending was \$10.37 million (multiplier effects of 0.5412 for MSDC and 0.1764 for Regal). **The combined effects of MSDC and Regal Rugs on other industry earnings in the five-county area totals \$15.65 million, meaning for every \$1 not spent, as of December 31, 2001, industry earnings in the five-county region decrease close to \$0.29.**

EMPLOYMENT: The employment measurement is easier to understand and is the most important aspect of input-output modeling. The salary and wage income from MSDC and Regal Rugs employees create an additional 231 jobs in the five-county region and the business expenditures create an additional 330 jobs. **The total secondary employment impact for the MSDC facility and Regal Rugs is estimated to be approximately 561 full-time equivalent positions within the five-county region.**

Conclusions

Total Direct Salaries and Wages Lost in Five-County Area	\$30,440,000
Total Direct Spending Lost in Five-County Area	\$23,600,000
Total Secondary Output Lost in Five- County Area	\$53,470,000
Total Secondary Earnings Lost in Five-County Area	<u>\$15,650,000</u>
Total Economic Loss to Five- County Area	\$123,170,000
Total Employment Loss in Five-County Area	1,936

As of December 31, 2001, Regal Rugs and MSDC contributed 1,375 direct jobs and 561 positions due to the economic impact of those facilities. Upon closure of the MSDC facility, an estimated total employment of 1,936 full-time equivalents will be lost to the five-county region.

Total direct wages and business spending lost to the five-county region is estimated to total approximately \$30.44 million, this loss will create an additional loss of \$53.47 million in final demand economic impact and \$15.65 million in final demand earnings impact. When combined, the total economic loss to the five-county region, using December 31, 2001 as a baseline date, the closures of the Muscatatuck State Developmental Center and Regal Rugs, Inc. is approximately \$123.17 million.

Cautions to the Analysis

Crowe makes no representation or warranty to the accuracy or completeness of the information contained within this report, including any estimates or extrapolations, and shall have no liability for any representations (expressed or implied) contained therein, or for any omissions from, this report.

We understand this report is to be used by the client to evaluate the impact of the closure of large employers in Jennings County, Indiana and should not be used for any other purpose. Unless otherwise agreed, the information provided in this report is intended solely for your use and, as such, should not be relied upon by others. This report or any portion thereof may not be used by any other interest in any marketing materials, offering circular, registration statement, prospectus, sales brochure, appraisal, loan, other agreement or document of this kind.

The analyses contained in this report are based on estimates, assumptions, market information provided to us by various sources, our knowledge and other factors. Some assumptions inevitably will not materialize and unanticipated events and circumstances may occur; therefore, the actual impact realized may vary from those anticipated in our analysis, and these differences may be material.

It is important to note that the changes in the economy may and do occur in a rapid manner. These changes can alter the assumptions and conclusions drawn from historical data. Based upon the terms of our engagement, we are not responsible for updating this report for circumstances that occur after this report has been released.

Crowe's fees are not dependent upon the outcome of this report and the Firm is independent with respect to any interest.

About Crowe

Crowe Chizek and Company LLC (www.crowechizek.com) provides innovative business solutions in the areas of assurance, consulting, risk management, tax and technology. Celebrating more than 60 years of "Building Value with Values," Crowe Chizek is one of the top 10 public accounting and consulting firms in the United States, serving clients worldwide as a leading member of the Horwath International network of public accounting and consulting firms.

Crowe Group LLP is the holding company for a family of more than 20 business entities engaged in public accounting, consulting and other integrated professional services including financial planning, technology and process improvement, professional staffing and international consulting and assurance services. Subsidiaries include well established firms such as Crowe Chizek and Company LLC, one of the top 10 public accounting and consulting firms in the United States; and newer specialized groups such as Crowe Wealth Management, LLC, which offers family office and investment advisory services; and Crowe Capital Markets, LLC, an emerging investment banking group.

Attachment H:

Property Study – Environmental Hazards and Re-Use Viability Executive Summary

Special Study
&
Master Plan Update
For

Muscatatuck State Developmental Center

October 1, 2003

EXECUTIVE SUMMARY

The purpose of this Project is to provide the State of Indiana IDOA Public Works Division and the Indiana Family and Social Services Administration (FSSA) with a special study and update of the 1998 Master Plan for Muscatatuck State Developmental Center. The current Project Scope does not include an evaluation of the care program for the clients, or the programmatic suitability of the buildings to assist in the delivery of that care under today's standards, nor does it include an analysis of operations, including staffing or other related issues.

This Project has been completed under the direction of IC 12-24-1 Section 10(c) numbers (4) and (5), as well as Section 10(e) number (4). A copy of these requirements has been included in Exhibit 5 of this Study.

The Project goals and findings of this special study include the following:

Project Goal #1

Update the Master Plan to determine whether or not there is a real benefit to retaining and maintaining the existing campus buildings in their current condition.

Project Finding:

Schmidt Associates, Inc. believes, as they did in 1998, that the costs associated with maintaining and renovating the existing facilities are of such a magnitude that it makes this option undesirable. There exist serious problems associated with infrastructure, utilities, interconnection of the campus, age of the buildings and building mechanical, electrical and plumbing systems. In addition, the lack of flexibility with the design of the existing buildings will continue to present more problems with the extended use of the facility. It was noted in the 1998 Master Plan that \$13,407,390.00 in necessary infrastructure repairs, and \$24,731,150.00 in capital expense projects needed to be completed to maintain operations of the facility. Most of these projects were never implemented, and still need to be completed.

The estimated cost noted in the 1998 Master Plan to renovate the buildings on campus in its current state, in 2003 dollars, would be approximately \$53,044,936.00. In addition, the general physical arrangement of the existing buildings, most of which are multistory facilities, still do not meet the current and future functional requirements for the facility as defined by the Staff and Administration at Muscatatuck. Even a complete renovation of all the facilities required would not result in the achievement of one hundred percent of the stated goals of the facility. A copy of the 1998 Master Plan has been included in Exhibit 5 of this Study.

Project Goal #2

Determine the annual cost of securing the property and protecting the buildings for future use if the property is left intact.

Project Finding:

The Muscatatuck staff has estimated the costs related to maintaining a minimal level of utility services and personal security throughout the campus, in the event the facility is closed. This annual amount has been estimated to be between \$655,180.00 and \$1,060,603.00, and has been included in Exhibit 5 of this Study. If the campus is mothballed until a determination is made as to the future of the site, the buildings that are closed can remain as such. The vacant and open buildings should be protected. The Power House, Water Treatment and Wastewater Treatment Plants would have to remain intact and in operation throughout the duration of the mothballing effort. Minimal administrative and shop spaces would also have to be maintained to accommodate a skeletal maintenance and security crew.

The buildings, due to their age and mechanical, electrical, and plumbing systems, as well as antiquated site infrastructure, will continue to decline in condition and value over the years, even if properly maintained in a mothballed state. It is not recommended that the State of Indiana expend a large amount of capital keeping the campus intact over a long period for this reason.

Project Goal #3

Estimate the comprehensive cost for total site remediation to include asbestos, PCB's, and other hazardous materials that may be present on the property.

Project Finding:

Phase I Environmental Site Assessment:

Quality Environmental Professionals, Inc. has completed a Phase I Environmental Site Assessment (Phase I ESA) for the Muscatatuck State Developmental Center. This Phase I Environmental Site Assessment has identified potential environmental concerns on the site, including the presence of metals, SVOC's, VOC's and phosphates in the ground, as well as PCB's, herbicides, pesticides, arsenic and poisons. Environmental remediation costs to remove these contaminants could be as much as \$6,611,000.00. More detail can be found in the Phase I Environmental Site Assessment in Exhibit 8 of this Study.

Phase II Environmental Site Investigation:

Schmidt Associates recommends that a Phase II Environmental Site Investigation be performed to determine the extent of environmental contamination, types and quantities of contaminants on site, and to specify the remediation methods required for these contaminants. The State of Indiana should perform a subsurface investigation including collecting soil, groundwater, and possibly bedrock samples in and around areas spelled out in the Phase I Environmental Assessment performed by QEPI in Exhibit 8. The fees for this Phase II Environmental Site Inspection would be approximately \$500,000.00.

Asbestos Abatement:

Schmidt Associates also recommends that all regulated asbestos containing material (RACM) be abated and disposed of properly before any demolition activities take place on campus. This work would cost approximately \$6,000,000.00. Category I, non-friable ACM, including resilient flooring and windows with glazing, can be left in place during demolition and disposed of off-site with construction debris.

Abatement Oversight Services:

Schmidt Associates recommends that an abatement specification/work plan be prepared before asbestos abatement activities at the campus take place. Additionally, an oversight of these activities should be provided during asbestos abatement activities. These services would include, but not limited too, pre and post abatement inspections, abatement work practices inspections, and air monitoring to determine compliance with emission control practices. This work would cost approximately \$330,000.00.

The total cost for all environmental services noted above is estimated to be \$13,441,000.00.

Project Goal #4

Investigate issues as they relate to the existing dump/landfill and burial grounds, and make suggestions for remediation/relocation.

Project Finding – Landfill Issues

Muscatatuck State Developmental Center historically utilized an onsite landfill, located to the south of the campus. Purportedly, the landfill was used to dispose of “everything.” The landfill was closed on March 28, 1985 and according to an IDEM letter dated November 18, 1993, the landfill was granted a closure on post-closure stream sampling.

On the north portion of the site, near Brush Creek Reservoir Dam, is a former stone quarry, which was left open and used to store construction debris, such as concrete, brick, and stone. The quarry has also been used for some disposal of waste. The waste needs to be characterized with regard to type, and amount, and the status of the quarry as a solid waste disposal unit. It is likely that the quarry will need hydrology and hydro geologic investigations prior to proper closure. The quarry may pose a potential ground water infiltration risk and may need to be properly abandoned per the land reclamation procedures of an active mining establishment. In addition, it may also be a public safety hazard and may need to be addressed from this standpoint as well. The cost to close this area as a Construction and Demolition Landfill could cost up to \$150,000.00. Remediation, if necessary, could cost between \$100,000.00 to \$5,000,000.00 depending on the type and

amount of hazardous material. The costs for remediation of any environmentally hazardous material cannot be determined at this time without a Phase II Environmental Site Investigation.

Project Finding - Burial Ground Issues

Three cemeteries are located on the Muscatatuck property. The Butlerville and MSDC Cemetery is located southeast of the facility grounds. There are two family plots on the grounds, one of which is located to the west of the Fire Station, and the other is located east of Building 27. If any of the ground is sold within the limits of the three cemeteries, depending on the purchaser, the requirements set forth in the Indiana Administration Code (IAC/IC) and the Division of Historic Preservation and Archaeology (DHPA) should be followed.

The Indiana Historic Preservation and Archeological Law (IHPAA), under the DHPA, provides protection for cemeteries that date on or before December 31, 1939. Among other topics, a development plan must be submitted to the IDNR prior to development of the property within one hundred (100) feet of a cemetery. Additionally, the IDOA must notify the DHPA of a proposed transfer of the property no later than ninety (90) days prior to the sale date. The DHPA will perform an inspection of the property to determine the location(s) of historic sites or structures (cemeteries) and notify the IDOA of their findings. If the cemeteries are determined, by DHPA, to be historic sites or structures, the IDOA must reserve control of the historic property by way of a covenant or easement (IC 14-21-1-14).

Project Goal #5

Estimate the comprehensive costs for total site demolition, including all fees, with the exception of the water and sewer treatment facilities. Develop a cost for storing debris on site, as well as hauling it from the site.

Project Finding:

Preliminary demolition cost estimates have been prepared for Muscatatuck State Developmental Center. Scenarios have been investigated for demolition that would include the complete hauling and dumping of construction debris from the site, and demolition that would leave permitted demolition debris stored on the site.

Option 1 – Demolition (Including Hauling & Dumping of Debris):

The estimates, including hauling and dumping of debris, are \$41,022,438.00 to demolish all buildings, including site structures and amenities, roads, sidewalks and underground utilities, costs associated with backfilling of foundations, seeding for erosion control of the site, asbestos abatement, remediation of environmentally hazardous materials from the site, and professional fees. The estimates, including hauling and dumping of debris, are \$13,911,892.00 to demolish only the closed and vacant buildings on campus, and \$8,144,569.00 to demolish only the closed buildings on the campus.

Option 2 – Demolition (Including Storage of Debris on Site):

The estimates, including the storage of debris on site, are \$34,176,366.00 to demolish all buildings, including site structures and amenities, roads, sidewalks and underground utilities, costs associated with backfilling of foundations, seeding for erosion control of the site, asbestos abatement, remediation of environmentally hazardous materials from the site, and professional fees. The estimates, including the storage of debris on site, are \$10,541,228.00 to demolish only the closed and vacant buildings on campus, and \$6,666,579.00 to demolish only the closed buildings on the campus.

Schmidt Associates recommends demolition that would include the complete hauling and dumping of construction debris from the site. According to the Indiana Administrative Code, materials left on the site after the stipulated amount of time of six months would be considered open dumping, and would constitute a landfill. This would not be allowed without a permit and approval from the State of Indiana. The cost to close this area as a Construction and Demolition Landfill could cost up to \$150,000.00.

The demolition costs are summarized in Spreadsheets A through F in Exhibit 1, and have been completely listed in the Budget Summary of this Study. They do not include infrastructure costs related to natural gas, water, and wastewater, which have been included as separate budgetary items in the report produced by Quality Environmental Professionals, Inc.

A schedule of three to four years should be allotted for a demolition project. One and a half to two years should be scheduled to allow adequate time to obtain State approval to proceed with the demolition project, to select architecture and environmental firms, and for the selected firms to provide the design and documentation for the project. This schedule would also allow enough time to perform a Phase II Environmental Investigation of the site, as well as documentation services for the Department of Natural Resources. If this process begins by the end of 2003, the start of actual demolition and site remediation could begin within the summer of 2005. Actual demolition would then take approximately one to two years to complete.

Project Goal #6

Conduct an analysis of the property's potable water, wastewater, and coal plant.

Project Finding – Potable Water

Option 1 – Connecting to Municipal Water:

The total cost to connect the Muscatatuck State Developmental Center site to municipal water supplied by Jennings Water, Inc. is estimated to be \$350,000.00. Another \$87,500.00 would be required annually for the cost of water.

Option 2 – Maintaining the Existing Water Treatment Plant:

Maintaining the existing Water Treatment Plant would require spending up to \$600,000.00 on repairs to the plant. In addition, continued improvements would be required to meet ever-increasing stringent water quality regulations. The current annual cost for operating the plant is \$90,000.00.

The option of connecting the site to municipally supplied water is likely the most economical choice for any scenario that would include maintaining any significant presence of personnel or facilities on the Muscatatuck site.

Project Finding – Wastewater

Option 1 – Packaged Water Treatment System for Brush Creek Elementary School:

In the event that the existing Wastewater Treatment Plant is decommissioned, the total cost to supply Brush Creek Elementary School with its own packaged water treatment system would be approximately \$750,000.00. Decommissioning costs for disposing of all of the sludge in the existing Muscatatuck building would cost approximately \$1,000,000.00, with the potential of gaining \$25,000.00 back from salvaging certain equipment. This would bring the total project cost for this option to approximately \$1,725,000.00.

Option 2 – Connecting Muscatatuck and Brush Creek Elementary School to North Vernon:

The total cost to connect the Muscatatuck State Developmental Center site and Brush Creek Elementary School to the city of North Vernon Wastewater Department system is estimated to be \$6,225,000.00, which includes closing the existing Wastewater Treatment Plant and disposing of all of the sludge for \$1,000,000.00, and gaining \$25,000.00 back from salvaging certain equipment.

Option 3 – Maintain the Existing Wastewater System:

The current annual operating cost for maintaining the existing Wastewater Treatment Plant is estimated to be \$75,000.00. Capital expenditures related to improvement are yet to be identified.

The most economical method for the treatment of wastewater is dependent upon the future use of the Muscatatuck site. The cost to connect the Muscatatuck site and Brush Creek Elementary School to the city of North Vernon's Wastewater

Department is not likely justifiable if there is no activity at Muscatatuck. Operating the system as currently designed will require constant attention to maintaining the existing infrastructure.

Project Finding – Coal Plant

Option 1 – Change Existing Power House Coal and Oil System to Natural Gas:

The total cost to connect the existing Power House to municipally supplied natural gas service, and to purchase a new natural gas fired boiler is estimated to be \$3,450,000.00. This estimate includes \$1,650,000.00 in repairs to the existing steam tunnels and Power House. The cost does not include the purchase of gas.

Option 2 – Abandon Power House and Connect Buildings to Natural Gas Lines:

The total cost to connect the entire facility to natural gas service, and running gas lines to all of the currently open and vacant buildings, while abandoning the Power House, is estimated to be \$8,101,420.00 (which includes the buildings being renovated to utilize new gas boilers at a cost of \$6,849,688.00).

Another option to heat the buildings by utilizing new gas furnaces and ductwork, at a building renovation cost of \$36,322,521.00, is not an economically realistic approach. The cost does not include the purchase of gas.

Option 3 – Maintain Current Power House System:

Maintaining the current Power House and distribution system would cost approximately \$2,250,000.00 for repairs, and \$367,000.00 in annual operating costs. The cost does not include the purchase of coal or oil. Future capital expenditures to bring the Power House into compliance with more stringent air quality standards are not included in this estimate, and cannot be calculated at this time.

Alternate Fuel Source:

An alternative fuel option is to provide any remaining buildings on site with liquid propane (LP) tanks and individual furnaces. The cost for the installation of an LP tank, if provided by Jackson-Jennings Farm Bureau, would be \$100.00 per building, with the cost of gas at approximately \$1.09 per gallon. The price of fuel would vary over time depending on the market rate. The company would require a two-year service commitment for this solution. The costs to renovate each building to accommodate new furnaces and ductwork would be similar to those listed on Spreadsheet G, in Exhibit 2 of this Study. This option may be useful if several of the buildings were to remain due to their historic nature.

Until a decision is made on the future use of the campus, it is difficult to determine the best option for the Power House. Ultimately, the most economic option for the future heating needs of the site is dependent on the active use and numbers of active structures. It is not economical to operate the Power House to supply the heating requirements for a few structures. On the other hand, the expected gas usage from only a small number of buildings is not likely to offset the costs incurred in connecting the buildings to natural gas service.

Project Goal #7

Conduct an analysis of the current and potential re-use for the buildings on the Muscatatuck State Developmental Center site.

Project Finding

Existing Campus:

Muscatatuck State Developmental Center has not implemented a major renovation project since 1989, and has not developed any plans to design a new facility. The campus has, however, evolved in the occupancy and use of several buildings. Out of 69 total buildings and 11 miscellaneous structures throughout the property, there are 25 Closed buildings, 14 Vacant buildings, and 30 Open buildings. Less than half of all of the buildings on the campus are being utilized to serve the Muscatatuck State Developmental Center. Four buildings are currently used or have a planned use for programming; 10 buildings are currently used or have a planned use for residential treatment; and 16 buildings are

currently used or have a planned use for support. There are more buildings dedicated to support than for programming and residential treatment combined. Almost all of the buildings on campus, in one aspect or another, do not comply with current accessibility guidelines, building codes, and/or life safety standards.

Building and Campus Re-Use/Alternate Use:

The buildings, at best, can only be used for the function for which they were originally designed. The construction type of most buildings, and the design layout, would make any re-use of a building other than that for which it was originally designed, nearly impossible or extremely cost prohibitive. An “Alternate Use” matrix has been included in Exhibit 3 of this Study, which further emphasizes this point.

The buildings on the Muscatatuck State Developmental Center campus were reviewed for their historically significant qualities. The facility is not located within a Historic District noted in the 2003-2004 “Historic Indiana” listing of National Register Listings in Indiana. According to the 1989 “Indiana Historic Sites and Structures Inventory” for Jennings County, there are 31 historically significant buildings on campus. Of these buildings, two are outstanding, 12 are of notable value, and 17 have contributing historical properties.

Several structures on campus serve as examples of the original fieldstone buildings that populated the site. The Administration Building (Building 12), and several other structures are the only Art Deco buildings in Jennings County. The campus also houses the only examples of Art Moderne style buildings in Jennings County. A “Historical Significance Review” matrix and “Historical Significance” site drawing have been provided in Exhibits 3 and 4 of this Study, respectively, summarizing this information. All sales or transfers of historic property must comply with Indiana Code 14-21-1-14, which has been included in Exhibit 5 of this report.

Attachment I:
Staff Downsizing Chart

Muscatatuck State Developmental Center

□ Staff Downsizing Chart

Classifications of Staffing	Projected Staffing Needs		Staff Needed at Census:					
	Position Title	Type	125	100	75	50	25	0
Psych Attn	PSYC ATND 4	F	328	286	233	159	70	0
Psych Attn	PSYC ATND 4 - INT	I	8	5	0	0	0	0
Psych Attn	PSYC ATNDNT S6	F	28	26	22	18	11	0
Admin	A/S MDL SVC E5	F	0	0	0	0	0	0
Admin	A/SUPT ADMIN E7	F	1	1	1	1	1	1
Other	ACCOUNT CLK 3	F	1	1	1	1	1	1
Other	ACCOUNT CLK 4	F	4	4	3	2	2	0
Other	ACCOUNTANT 3	F	0	0	0	0	0	0
Other	ACCOUNTANT 5	F	1	1	1	1	1	1
Other	ADMIN SEC 2	F	1	1	1	1	1	1
Other	ADMIN ASST.		1	1	1	1	0	0
Other	ADMIN ANALYST	F	1	1	1	1	1	0
Other	JR SYS ANALYST	F	1	1	1	1	0	0
Other	AUTO MECH 2	F	2	2	2	1	1	0
Other	AUTO MECH S4	F	0	0	0	0	0	0
Other	BARBER	F	0.4	0.4	0.4	0.4	0.4	0
Other	BEAUTICIAN	F	0.4	0.4	0.4	0.4	0.4	0
Therap/Clin	BEHAV CLNCN 3	F	6	5	3	2	1	0
Admin	BUS ADMR 2	F	1	1	1	1	1	1
Other	CANTEEN MGR	F	1	1	1	0	0	0
Other	CHAPLAIN	F	0	0	0	0	0	0
Charge Nurse	CHARGE NRS S5	F	4	4	4	3	3	0
Charge Nurse	CHARGE NURSE 3	F	9	8	8	7	6	0
Admin	CHF PHARMACIST 2	F	1	1	1	1	1	0
Other	CLER ASST. 3	F	1	1	1	1	1	1
Other	CLER ASST 4	F	0	0	0	0	0	0
Other	CLER ASST 5	F	4	4	4	2	2	0
Other	CLERK TYPIST 5	F	0	0	0	0	0	0
Other	CLN PHARM AIDE	F	1	1	1	1	1	0
Food Srv Wrk	COOK 3	F	8	7	6	4	2	0
Other	DENTAL AST 5	F	0.2	0.2	0.2	0.2	0.2	0
Therap/Clin	DENTIST E5	F	0.2	0.2	0.2	0.2	0.2	0
Dietition	DIETITIAN 3	F	2	2	2	1	1	0
Dietition	DIETITIAN 4	F	0	0	0	0	0	0
Admin	DIR OF NURSING	F	1	1	1	1	1	0
Other	DRIVER TRANSPT	F	6	6	6	5	4	0
Other	DRIVER FOOD SRV	F	3	3	3	3	2	0
Other	ELCTRN TECH 1	F	1	1	1	1	1	0
Other	EQUIP OPER 2	F	0	0	0	0	0	0
Admin	EXEC HSKPR S5	F	1	1	1	1	1	0
Other	FIRE CHIEF 1	F	1	1	1	1	1	0
Other	FIRE FIGHTER	F	1	1	0	0	0	0
Admin	FOOD SERV DIR 2	F	1	1	1	1	1	0

Food Srv Wrk	FOOD SVC S4	F	1	1	1	1	1	0
Food Srv Wrk	FOOD SVC S5	F	5	5	3	2	2	0
Food Srv Wrk	FOOD SVC WKR 4	F	35	26	19	11	6	0
Food Srv Wrk	FOOD SVC WR 4 PT	P	2	2	2	2	2	0
Other	GROUND S FMN 2	F	0	0	0	0	0	0
Admin	HEALTH SERV DIR		0	0	0	0	0	0
Other	HOUSEKEEPER 4	F	16	14	12	8	5	0
Other	HOUSEKEEPER S6	F	0	0	0	0	0	0
Other	INSTRUCT AST	F	1	1	1	1	1	0
Lab Tech	LAB TECH 3	F	0	0	0	0	0	0
Other	LABORER 4	F	2	2	2	1	1	0
Other	LAUNDRY AST 4	F	10	8	6	4	4	0
Other	LAUNDRY S5	F	0	0	0	0	0	0
LPN	LPN	F	25	15	12	4	0	0
Ment Hlth Adm	M HLTH ADMR 2	F	5	5	3	3	2	0
Ment Hlth Adm	M HLTH ADMR 3	F	12	11	8	5	3	0
Admin	M HLTH ADMR E7	F	1	1	1	1	1	1
Other	MAINTENANCE S3	F	1	1	1	1	1	0
Other	MAINTNENANCE S2	F	0	0	0	0	0	0
Other	MANT CARPENTER	F	2	2	2	2	1	0
Other	MANT CRPNTER S4	F	1	1	1	0	0	0
Other	MANT ELECT	F	2	1	1	1	1	0
Other	MANT PLMBR S4	F	0	0	0	0	0	0
Other	MANT PLUMBER	F	1	1	1	1	1	0
Other	MANT PNTR 2	F	1	1	0	0	0	0
Other	MANT PNTR FMN	F	0	0	0	0	0	0
Other	MANT REPAIR 2	F	9	6	4	1	0	0
Other	MANT REPAIR 3	F	0	0	0	0	0	0
Other	MANT REPAIR S4	F	1	1	1	0	0	0
Admin	MEDICAL DIRECTOR	F	1	1	1	1	1	0
Admin	MED RCD ADMR 4	F	0	0	0	0	0	0
Other	NDLCRFT WKR	F	1	1	1	1	1	0
Nurse	NURSE 4	I	0	0	0	0	0	0
Nurse	NURSE 4	F	11	9	7	6	4	0
Charge Nurse	NURSE S5	F	1	1	1	1	1	0
Charge Nurse	NURSE S6	F	2	2	2	2	1	0
Therap/Clin	OCCU THRPST 3	F	4	3	2	2	1	0
Other	PERSONNEL AST	F	1	1	1	1	1	1
Other	PERSONNEL TECH	F	1	1	1	1	1	1
Therap/Clin	PHARMACIST 3	F	0.2	0.2	0.2	0.2	0.2	0
Therap/Clin	PHYSICAL THERP		3	3	2	2	1	0
Other	QA PROG EVAL		1	1	0	0	0	0
Other	QUALITY ASSUR.		1	1	1	1	1	0
Admin	QUAL ASSR DIR E6	F	1	1	1	1	1	0
Admin	PHYS PL DIR 1	F	0	0	0	0	0	0
Therap/Clin	PSYCHIATRIST		1	1	1	1	1	0
Doctor	PHYSICIAN E3	F	2	2	2	2	2	0
Other	PRINTER 3	F	1	1	0	0	0	0
Admin	PRSNL ADMR E7	F	1	1	1	1	1	0
Admin	PRSNL OFR 3	F	1	1	1	1	1	0
Admin	PRSNL OFR 2	F	1	1	1	1	1	0

Admin	PROG DIR E7	F	3	2	2	1	0	0
Therap/Clin	PSYCHOLOGIST E6	F	1	1	1	1	1	0
Therap/Clin	REFRIG MECH	F	1	1	1	1	1	0
Therap/Clin	REHAB THER DIRECT	F	0	0	0	0	0	0
Therap/Clin	REHAB THER 3	F	2	2	2	2	2	0
Therap/Clin	REHAB THER 4	F	8	7	6	3	2	0
Other	REHAB THRPY A 3	F	6	6	4	4	3	0
Other	REHAB THRPY A 4	F	13	12	8	6	3	0
Other	SECRETARY 3	F	6	6	6	6	6	0
Other	SECRETARY 4	F	18.6	18.6	10	9	7	0
Other	SECURITY OFR 4	F	6	6	6	6	6	3
Other	SEW/DISP FMN	F	1	1	1	1	1	1
Other	SEW/DISP OPR 2	F	0	0	0	0	0	0
Therap/Clin	SOC SER SP 3	F	1	1	1	1	1	0
Therap/Clin	SOC SER SP 4	F	3	3	2	1	1	0
Other	STEAM PLANT S2	F	1	1	1	1	1	1
Other	STM PLNT MECH	F	2	1	1	1	1	0
Other	STM PLNT OPR 2	F	6	6	6	6	6	4
Other	STM PLNT TNDR	F	6	6	6	0	0	0
Other	STORES CLERK 4	F	5	4	2	2	2	0
Other	STORES CLERK 5	F	0	0	0	0	0	0
Therap/Clin	SPEECH PATHOL		3	3	2	2	1	0
Therap/Clin	SPEECH ASSIST		0	0	0	0	0	0
Other	STORES CLK S6	F	1	1	1	1	1	0
Other	SWTCHBD OPER 5	F	4	4	4	4	4	0
Other	SWTCHBD OPR 5- IN	I	2	2	2	2	2	0
Other	SWTCHBD OPR 5- PT	P	0	0	0	0	0	0
Training Officer	TRAINING D S5	F	1	1	1	1	1	0
Training Officer	TRAINING OFR 3	F	1	1	0	0	0	0
Admin	UNCLASS E3	F	1	1	1	1	1	0
Other	WTR TRMT OPER 2	F	1	1	1	1	1	1
	GRAND TOTAL		685	598	499	362	227	19

Attachment J:
Transition Report

Individual	Team	ISP Updated (date)	Consent to Release Information (date)	Guardian approves placement (date)	LOC determined (date)	TCM Identified	Provider Identified	Provider Visits (dates)	Home is selected (date)	Home modifications complete (date)	Information sharing complete (date)	Resident Visits (dates)	Type of Placement	Waiver number	Housemate Identified	CCB approved (date)	ICLB approved (date)	Discharge Meeting (date)	Pre-Placement QA (date)	Projected Exit (date)	Exit Date
	2	3/29	2/19	4/3	4/2	J. Gerber	OBL	4/21	Y			3/25	SL	30966	Yes	(June)	(June)	6/3	(June)	6/15	
	2	Y	2/11	(July)	8/22	C. Garret	TLC	(June)	(May)	(June)	(June)	(June)	SL	31518		(July)	(July)	(July)	(July)	7/26	
	2	4/14	2/10	4/3	4/2	A. Hapner	Res-CRF	4/14	Y			4/20	SL	30993	Yes	(June)	(June)	(June)	(June)	6/15	
	2	4/6	2/9	4/7	N	A. Arthur	Bethesda	(Sept)	(Aug)	(Sept)	(Sept)	(Sept)	SL	31519	(July)	(Oct)	(Oct)	(Oct)	(Oct)	(Oct)	
	2	N	3/7	2/26	4/2	L. Gillis	Archer	(June)	(May)	(June)	(June)	(June)	SL	30964	Yes	(July)	(July)	(July)	(July)	7/23	
	2	4/8	9/9	3/1	10/30	L. Gillis	Mentor	4/8					SL	30967		(June)	(June)	(June)	(June)	6/15	
	2	N	2/18	(Aug)	N	N/A	(June)	(July)	(June)	(July)	(July)	(July)	SGL	31524		(Aug)	(Aug)	(Aug)	(Aug)	(Aug)	
	2	N	2/6	(Aug)	N	N/A	(June)	(July)	(June)	(July)	(July)	(July)	SGL	30965		(Aug)	(Aug)	(Aug)	(Aug)	(Aug)	
	3	Y	2/8	2/28	N	K. Harvey	TLC	(June)	Y	(June)	(June)	(June)	SL		Yes	(July)	(July)	(July)	(July)	7/30	
	3	11/3	2/10	2/23	Y	V. Rachel	V of A	10/13	Y	Y	Y	6/1	SL	31530	Yes	3/10	Y	5/18	5/24	6/3	
	3	3/25	2/17	3/2	N	C. Garret	Mentor	3/2					SL	30392	Yes	(June)	(June)	(June)	(June)	6/28	
	3	N	3/23	(Sept)	N	(June)	(July)	(Aug)	(July)	(Aug)	(Aug)	(Aug)	ICF/MR		(June)	(Sept)	(Sept)	(Sept)	(Sept)	(Sept)	
	3	N	1/17	(July)	N	N. Downs	Mentor	(June)	(May)	(June)	(June)	(June)	SL	31540		(July)	(July)	(July)	(July)	7/30	
	3	N	2/9	(Sept)	N	(June)	(July)	(Aug)	(July)	(Aug)	(Aug)	(Aug)	SL		(June)	(Sept)	(Sept)	(Sept)	(Sept)	(Sept)	
	3	3/18	2/24	4/13	Y	L. Fingers	Res-Care		Y				SL	31536	Yes	(May)	(May)	5/19	(May)	5/25	
	3	N	3/15	(June)	N	K. Harvey	IRL						SL	30553		(June)	(June)	(June)	(June)	6/30	
	3	N	4/21	(Oct)	N	(July)	(Aug)	(Sept)	(Aug)	(Sept)	(Sept)	(Sept)	SL	(June)	(July)	(Oct)	(Oct)	(Oct)	(Oct)	(Oct)	
	3	N	3/24	(Sept)	N	(June)	(July)	(Aug)	(July)	(Aug)	(Aug)	(Aug)	SL		(June)	(Sept)	(Sept)	(Sept)	(Sept)	(Sept)	
	3	N	3/10	(Dec)	N	(Sept)	(Oct)	(Nov)	(Oct)	(Nov)	(Nov)	(Nov)	SL	(Aug)	(Sept)	(Dec)	(Dec)	(Dec)	(Dec)	(Dec)	
	3	Y	2/11	4/10	N	K. Taylor	ASI	(July)	(June)	(July)	(July)	(July)	SL	30988		(Aug)	(Aug)	(Aug)	(Aug)	(Aug)	
	3	N	N	(Dec)	N	(Sept)	(Oct)	(Nov)	(Oct)	(Nov)	(Nov)	(Nov)	not deterr	(Aug)	(Sept)	(Dec)	(Dec)	(Dec)	(Dec)	(Dec)	
	3	N	2/3	(Nov)	N	(Aug)	(Sept)	3/19	(Sept)	(Oct)	(Oct)	(Oct)	SL	31534	(Aug)	(Nov)	(Nov)	(Nov)	(Nov)	(Nov)	
	3	N	N	(July)	N	Sachlebar	Mentor	(June)	(May)	(June)	(June)	(June)	SL	31535	Yes	(July)	(July)	(July)	(July)	7/30	
	3	N	2/12	(Oct)	N	(July)	(Aug)	(Sept)	(Aug)	(Sept)	(Sept)	(Sept)	SL	31537	(July)	(Oct)	(Oct)	(Oct)	(Oct)	(Oct)	
	3	N	2/9	(Nov)	N	(Aug)	(Sept)	(Oct)	(Sept)	(Oct)	(Oct)	(Oct)	SL	30849	(Aug)	(Nov)	(Nov)	(Nov)	(Nov)	(Nov)	
	3	N	3/10	(Dec)	N	(Sept)	(Oct)	(Nov)	(Oct)	(Nov)	(Nov)	(Nov)	SL	(Aug)	(Sept)	(Dec)	(Dec)	(Dec)	(Dec)	(Dec)	
	3	Y	2/9	(Aug)	N	(May)	(June)	(July)	(June)	(July)	(July)	(July)	SL	31538		(Aug)	(Aug)	(Aug)	(Aug)	(Aug)	
	3	N	N	(Oct)	N	(July)	(Aug)	(Sept)	(Aug)	(Sept)	(Sept)	(Sept)	not deterr	(June)	(July)	(Oct)	(Oct)	(Oct)	(Oct)	(Oct)	
	3	N	2/7	(Dec)	2/27	(Sept)	(Oct)	(Nov)	(Oct)	(Nov)	(Nov)	(Nov)	not deterr	(Aug)	(Sept)	(Dec)	(Dec)	(Dec)	(Dec)	(Dec)	
	3	N	2/17	(Aug)	N	(May)	(June)	(July)	(June)	(July)	(July)	(July)	SGL	30853		(Aug)	(Aug)	(Aug)	(Aug)	(Aug)	
	3	N	N	(Nov)	N	(Aug)	(Sept)	(Oct)	(Sept)	(Oct)	(Oct)	(Oct)	SL	(July)	(Aug)	(Nov)	(Nov)	(Nov)	(Nov)	(Nov)	
	3	N	3/27	(July)	N	Domingez	(May)	(June)	(May)	(June)	(June)	(June)	SL	30398		(July)	(July)	(July)	(July)	(July)	
	3	3/23	10/31	2/20	N	P. Riley	TLC	(June)	(May)	(June)	(June)	(June)	SL	31532		(July)	(July)	(July)	(July)	7/29	
	4	N	2/9	(Sept)	N	M. Norton	(July)	(Aug)	(July)	(Aug)	(Aug)	(Aug)	SL	31545	(June)	(Sept)	(Sept)	(Sept)	(Sept)	(Sept)	
	4	N	3/18	(Sept)	N	N/A	(July)	(Aug)	(July)	(Aug)	(Aug)	(Aug)	Other		(June)	(Sept)	(Sept)	(Sept)	(Sept)	(Sept)	
	4	3/15	2/13	(Sept)	N	(June)	(July)	(Aug)	(July)	(Aug)	(Aug)	(Aug)	SL	31544	(June)	(Sept)	(Sept)	(Sept)	(Sept)	(Sept)	
	4	1/16	2/3	(July)	1/20	Sachlebar	Mentor	(June)	2/2	(June)	(June)	(June)	SL	31533	Yes	(July)	(July)	(July)	(July)	7/30	
	4	Y	3/17	(Oct)	N	(July)	(Aug)	(Sept)	(Aug)	(Sept)	(Sept)	(Sept)	NH	(June)	(July)	(Oct)	(Oct)	(Oct)	(Oct)	(Oct)	
	4	N	N	(Nov)	N	(Aug)	(Sept)	(Oct)	(Sept)	(Oct)	(Oct)	(Oct)	NH	(July)	(Aug)	(Nov)	(Nov)	(Nov)	(Nov)	(Nov)	
	4	Y	2/6	(Nov)	N	(Aug)	(Sept)	(Oct)	(Sept)	(Oct)	(Oct)	(Oct)	SL	30863	(Aug)	(Nov)	(Nov)	(Nov)	(Nov)	(Nov)	

